



UNIVERSITY OF
NORDLAND

MASTER THESIS

**EMOTIONAL AND SOCIAL DIFFICULTIES OF
“SHIDU” PARENTS IN RELATION TO THEIR
SOCIAL TRANSITION
*THE CASE OF WUXI IN CHINA***

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ABSTRACT

The aim of this study is to discover the various emotional and social challenges that “shidu” families are facing in relation to their social transition. It will try to describe and analyze the experiences of “shidu” families moving on from their loss of only child. The study gathers ideas and opinions from “shidu” parents and service providers.

This study draws on three theoretical perspectives to inform and analyze the results, namely, theory of identity loss, sociology on the emotion of grief and social work approach to bereavement work. The data is collected from in-depth interviews with two “shidu” parents who lost their only child and three service providers who are providing help for “shidu” families.

The findings of the study display that “shidu” families are emotionally disturbed by their loss which carries significant cultural and social meanings. The study has demonstrated that elderly care is a concern for “shidu” families, which requires mental and spiritual care besides financial stability. The study also finds that “shidu” parents are not voluntarily motivated to socialization. Findings of the study also present that “shidu” groups have a paradoxical attitude toward receiving care from others. It is suggested that a comprehensive approach be adopted by social workers to facilitate the social transition of “shidu” families in the aftermath of their child loss.

Key words: “shidu” family; emotional challenge; social difficulties; experiences; social work approach

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	I
ABSTRACT.....	III
CHAPTER 1 INTRODUCTION.....	1
1.1 Background.....	1
1.2 Literature Review.....	4
1.3 Aim of the Study.....	6
1.4 Research Questions.....	6
1.5 Importance of Topic.....	6
1.6 Organization of the Thesis.....	7
CHAPTER 2 ONLY CHILD AND FAMILY IN CHINESE CONTEXT.....	9
2.1 Long held cultural tradition of elderly care.....	9
2.2 The one child national policy.....	10
2.3 Policy and social support for “shidu” families.....	12
2.4 Appeal for compensation and rights.....	13
CHAPTER 3 THEORETICAL FRAMEWORK.....	16
3.1 Theory of Identity Loss.....	16
3.2 Sociology of Emotion of Grief.....	17
3.3 Social Work Approach to Bereavement Work.....	18
CHAPTER 4 METHODOLOGY.....	20
4.1 Introduction to Methodology.....	20
4.2 My interest in the topic.....	20
4.3 Why qualitative method.....	21
4.4 Research area.....	22
4.5 Sampling.....	23
4.6 Data collection tools.....	25
4.7 Interviews.....	25
4.7.1 Un-standardized Interviews.....	27
4.8 Data Analysis.....	28
4.9 Ethical issues in the study.....	29
4.10 Reliability and validity.....	31
4.11 Limitation of the studies.....	32
4.12 A Brief Presentation of the Participants.....	34
CHAPTER 5 FINDINGS.....	37
5.1 Topic of loss a taboo and difficult to approach.....	37
5.2 Concern over old age care.....	40
5.3 Unhealthy obsession with sorrow.....	42
5.4 Family function needs restoration.....	45
5.5 People “shidu” group can relate to.....	47
5.6 Socialization.....	50
5.7 Sensitive subtle mindset.....	55
CHAPTER 6 DISCUSSIONS.....	58

6.1 Identity crisis under cultural and social microscope.....	58
6.2 Grief too much to bear and its implications.....	62
6.3 Socialization problem and its origins.....	66
6.4 Sensitive/ subtle/ exquisite mindset.....	69
6.5 Social work approach to work with “shidu” families.....	71
CHAPTER 7 CONCLUSION AND FURTHER REMARKS.....	74
7.1 Conclusions.....	74
7.2 Further exploration.....	76
REFERENCES.....	78
Appendix 1 : Letter to parents explaining the interview.....	81
Appendix 2 : Interview Guide.....	82

CHAPTER 1 INTRODUCTION

1.1 Background

To any family on the planet, the loss of a child is a tragic experience. The household that used to be filled with laughter and happiness is now replaced with tears and trauma. When that lost son or daughter is the only child of the parents, the result can be even more devastating. In China, a certain group of families have gradually come into view of the public, and received more attention of the media. They share one common feature - each family has only one child, who was taken away by illness or accidents. These families are known to the Chinese as “*shidu*” families.

Although the exact number of “*shidu*” families in China is still unknown, according to statistics given by *China’s Ministry of Health* (2010), over 1 million Chinese families have lost their only child since 1979, when the one-child policy was introduced and enforced by the Chinese government. Under the current family planning policy, population experts claim that an estimated 76,000 families will lose their only child annually, and by mid-century, this figure could exceed 10 million.¹

This large group of families supported the one-child policy fervently when it first came into effect. If anything, they made tremendous sacrifice and contribution to alleviate the nation’s social, economic and environmental problems. But now, with their only son or daughter gone, these families are faced with difficulties more than the bitterness due to depravity of loved ones.

Although the population control policy did not cause death of only child to these “*shidu*” parents, its unintended consequence leaves them with not only mourning over lost child, but also concern regarding their future. Since most “*shidu*” parents are already in their 50s or above, way over the fertility age, they are no longer able to

¹ Zhou Wei, Mi Hong. (2013). "Estimation of number of the Shidu families in China and discussion of relief standards." *China Population Science* 5:2–9.

have a second child themselves. The idea of adopting a second child seems feasible, but after investing all heart and almost everything to the first lost child, the arduousness and costs of raising a second child make this alternative unlikely. As a result, what this meant in reality is that, a number of middle aged and elderly parents are facing the problem of growing old without anyone to depend on.

For “*shidu*” *parents* who became childless late in life, the prospect of aging is daunting. As they grow older in age, decline in health may cause serious challenges, for example, being unable to go shopping for daily necessities or going to the hospital for treatment. Apart from physical support, financially “*shidu*” *parents* will also encounter struggles. Under the current Chinese social welfare scheme, the pension for senior citizens is low in coverage and limited in payment. Counting on social insurance is not adequate to address all potential hazards in old ages. It is common practice for old parents to turn to their children for financial assistance. But to “*shidu*” *parents* this source of financial help is no longer available. Therefore, the question arises as to who will take care of the “*shidu*” families in their old age.

This problem was largely hidden from public view until in 2012, a self-organized “*shidu*” *parents* group went to Beijing and demanded compensation from the Chinese government.² Since then the government has issued several regulations and policies, giving “*shidu*” *families* monthly stipend, preferential access to state-run nursing homes as well as other assistance. The National Health and Family planning Commission recently decided to triple the minimum compensation given to some “*shidu*” *parents*. Starting from 2014, urban and rural couples who have lost their only child will receive a monthly allowance of 340 yuan (\$56) and 170 yuan (\$28) respectively, an increase from the previous 135 yuan (\$22).³ Nevertheless, despite the

² China Daily. (2013). "Life after loss: when families lose their only child." Retrieved 05.08, 2014, from http://www.chinadaily.com.cn/html/feature/lifeafterloss_v/.

³ China News. (2013). "More money for loss of a child." Retrieved 06.08, 2014, from <http://www.ecns.cn/2013/12-27/94601.shtml>.

assistance measures, most “*shidu*” *parents* are concerned about their future.

This brings us to a point that seems so evident, and yet so often overlooked or disregarded by the leaders of China: what contributes most to the worries of “*shidu*” *parents* is not financial, but emotional and social, in nature. The pain of losing an only child is something for which the government can never compensate by dispensing money or improving elderly care facilities. Plus, the struggles of “*shidu*” families in social realms cannot simply be met by financial or physical means. They need more than that.

The hard reality for most “*shidu*” *parents* is that they are struggling to move on from the loss of their only child, both emotionally and socially. Psychologically, a variety of reasons may render them unable to climb out of the emotional pit built by their traumatic loss. Some of them feel guilty because they fail to carry on the family line; some of them do not see any hope and may consider suicide; some of them move to new places because they cannot bear the reminiscence when staying in familiar surroundings. Socially speaking, “*shidu*” parents are going through a dramatic change of systems and roles. Because the triangular family structure is broken down, “*shidu*” families are more vulnerable to alterations in outer environment, especially when it comes to old age care. Besides, social networks “*shidu*” parents used to have, such as friends, colleagues or relatives, may not provide enough or effective support. This is because most “*shidu*” parents find it hard to relate to people who are not in their shoes. As a result, social isolation is not uncommon for “*shidu*” parents. These emotional and social difficulties, if left unattended, will lead to serious problems for “*shidu*” *families*.

Therefore, I want to carry out a research project, to find out “*shidu*” families’ experiences of transition into new social life, especially the difficulties they have when trying to get over the pain and move on.

1.2 Literature Review

Study on the topic of “shidu” families is a new research area in China. As a result, literature on this topic is limited in number and scope. Searching on CNKI (China’s National Knowledge Infrastructure)- China’s leading academic database- with “shidu” as a key word, there was almost none research on the “shidu” population before 2012. It is after the year of 2012 that articles and journals looking at “shidu” families started to increase.

After scanning through the existent literature on “shidu” phenomenon, a significant number of these literature are focused on the old “shidu” population, in particular with respect to their elderly care. This is anticipatable considering the fact that China is increasingly becoming an aging society. Elderly care is the focus of government agenda and social media. Because there is still no official legislation specifically for the “shidu” group, most of these articles are advocating for improvement of national policies favorable to the “shidu” families, such as raising the monthly subsidies, giving priority for admission into nursing homes, establishing healthcare system, etc. The main theme of these writings are highlighting the importance of the government taking the responsibility of taking care for “shidu” households. Although some of these articles look at the status quo of “shidu” families, their focus is also from the policy point of view, instead of the actual, daily, living experiences of such families.

There are a few scholars and researchers who look at this social phenomenon from a different angle. They try to achieve understanding about “shidu” population from the clients’ perspective, by studying certain or specific characteristic of “shidu” population. For example, some scholars turn their attention to the social support networks of “shidu” families. They look at the ways “shidu” families support each other and the formation of “grassroots” organizations. Documentation analysis and case studies are the main method of these scholars. For instance, Qing, Y. (2013) compares the changes of social support system that happened to “shidu” families, before and after relevant relief policies for “shidu” group were issued in the city of

Suzhou. It is found that major care from personal acquaintances and support from “shidu” group network are the sources that brought positive changes in “shidu” parents’ life. Qian, L. (2013) turns her attention to the formation of mutual help groups within the “shidu” population. It is discovered that “shidu” parents came together out of emotional desperation for recognition and comfort. Then on the basis of emotional support, random meetings were developed into an organization that was established to increase a sense of belonging for group members. Under the framework of organizational structure, “shidu” group carries out activities that achieve helping others and self help. The four stages of how “shidu” mutual help group was developed provides insight on different tasks at each stage for social workers that strive to use group work to improve “shidu” families social network.

Another group of researchers try to understand the phenomenon from theoretical point of view. For example, Yao. J (2012) argues that “shidu” families are in a vulnerable situation because of their lack in personal and social resources. She draws on the empowerment theory in social work to come up with ways of intervention for “shidu” families. Gao Yan, W. H. (2013) uses social capital theory to analyze the old age care difficulties of “shidu” parents in rural areas. It highlights the idea of excavating hidden social capital resources in the countryside to enhance elderly support for aged parents who lost their only child.

Despite the existing studies on “shidu” group, there is a lack of knowledge on the experiences of “shidu” families and how they emotionally and socially adapt to the loss of only child. It is the aim of my research to understand the emotional and social difficulties facing “shidu” parents in the aftermath of their tragic loss, and how such challenges are affecting their abilities to reconstruct their social life. Because the focus is to understand lived experiences, I will do a qualitative research so as to elicit rich, deep and thick accounts of the experiences of “shidu” parents. Hopefully results of this study will fill the gap of knowledge pertaining to the living experiences of “shidu” families and shed light on how we as social workers can intervene in to help

such families based on such knowledge.

1.3 Aim of the Study

The aim of this study is to go into details trying to understand the various challenges “shidu” parents have emotionally and socially in relation to social transition and their experiences of moving on from the loss of only child. This study will also look at how such emotional difficulties are addressed in reality from the perspective of “shidu” parents. By doing so I try to identify the key aspects that are causing problems for “shidu” parents to transit into new social life, and using such knowledge to provide insight on how social work practice can be involved to serve this group of people.

1.4 Research Questions

1. What are the emotional and social challenges “shidu” families have after the loss of their only child?
2. How are these emotional and social aspects affecting “shidu” parents moving on from their tragic loss?
3. In what ways are these emotional and social needs met in reality?
4. Based on these aspects how may social workers intervene in to help “shidu” families transit into new social life?

1.5 Importance of Topic

This study project is important on several aspects:

First, the phenomenon under investigation is a hot social issue in current Chinese society, and will continue to exist in the foreseeable future. Before the issue reveals itself on a large scale, it requires attention from scholars and policy-makers to bring about changes. Thus, it is beneficial to use the knowledge gained from this study and apply it in the social world to better understand “shidu” groups living experiences and to bring about positive changes in their lives.

Secondly, the approach this study adopts is different from the previous studies. Although there has been qualitative studies on “shidu” families, they are centered around the dimension of elderly care and policy recommendation. This project is unique in that it attempts to explore the life experiences of “shidu” groups, how they experience the loss of only child, what are the challenges they face in daily life, and seeks to provide advice on professional practice.

Last but not least, it carries meaning for the researcher, as being an only child himself, this topic is closely relevant to him, as with millions of other only child families in China. Knowledge about the “shidu” families can help inform the general public and helps advocate for policy change in the society.

1.6 Organization of the Thesis

The remaining part of this study is structured in this way: Chapter 2 gives a background on the cultural and social context of family and only child in China. Chapter 3 is the theoretical framework of this project. This chapter describes the theories that this project is based upon. These theories include family and identity loss, which informs the understanding of loss of only child as identity loss, sociological perspective on the emotion of grief, which provides insight on what emotions are involved in the grief process and how to understand grief and its implications, social work approach to bereavement work, which provides experience and gives ideas on practical help for “shidu” parents. After this is Chapter 4, the Methodology, in which details will be given on how the research was conducted and how it is to be analyzed.

Chapter 5 and Chapter 6 is the empirical part of this study. These two chapters are presentation of the findings in this project. Chapter 5 presents data collected from the field work. In this chapter voices and opinions are given to both the “shidu” parents and those who are providing helping services to them. Such approach enables the study to gain richer knowledge and better understanding about the research issue as two perspectives complement each other. Chapter 6 is a discussion on the topics

chosen from the previous chapter. Insights from the data and theoretical perspectives will be compared to make further reflections. The final chapter Chapter 7 is concluding marks and general discussions from the entire study. In this chapter findings of the project is summarized and it also gives recommendations on direction on further investigation in the future.

CHAPTER 2 ONLY CHILD AND FAMILY IN CHINESE CONTEXT

When I was still a young boy, my mom would always ask me this question: *Will you provide care and support for me when I become old?* On occasions like this, my reply would be a certain “Sure Mom, of course I will care for you”, followed by her satisfying comment “Good boy!”. Therefore, as I grow up, naturally in my mind, I become increasingly conscious of my responsibility for my parents in their old age. This is the right thing to do.

2.1 Long held cultural tradition of elderly care

For thousands of years, Chinese people have had the tradition of relying on their children for old age support. Provision for older adults is considered to be the first and foremost responsibility of the immediate family in Chinese society. Family members are the main source of physical, emotional, social, psychological, and financial support for older Chinese. Often adult children are directly involved in care-giving activities for their older parents. According to the teaching of Confucius, since parents raise children when they are young, it is the children’s responsibility to show their filial piety when their parents become elderly. In broad terms, filial piety is a virtue of respect for one’s parents: have good conduct so as to bring a good name to one’s parents; provide material means for them when they become old in age; always show love, care and support; take responsibility when parents become ill or sick; carry out burial ceremony and sacrifices when parents pass away. For Chinese children, placing their parents into a senior nursing home is not an appealing idea at all and will only be considered as a last resort. According to a survey conducted in 2012, 49.5% of elderly people said they prefer to stay with their families in their old age.⁴

Along with the elderly care tradition, China’s various legislation - including *the Constitution, Law on Protection of the Rights and Interests of the Elderly, Marriage Law* and *Criminal Law* – all make it an obligation for children to support their parents

⁴ Beijing News. (2013). "How are we supposed to support our old age in the future?". Retrieved 06.08, 2014, from http://epaper.bjnews.com.cn/html/2012-03/31/content_327995.htm?div=0.

in old age. In particular, *the Criminal Law* stipulates that children who do not shoulder the duty of parental old age support can be sentenced to up to five years in prison. Such laws reinforce the long existent cultural tradition of emphasizing child's role in senior care, and help raise people's expectations of receiving elderly care from their families.

Consequently, it can be concluded that children in China have the cultural and legal obligation to take care of their old parents. Such duty involves almost every area of life for a senior citizen: financial support, assistance with activities of daily life, psychological well-being, health care, and funeral arrangements. The fundamental needs of elderly people are entrusted mainly and solely to their direct descendant.

2.2 The one child national policy

The "one child per family" policy, introduced at the end of the 1970s, was legislated into a national policy at the Fifth National Congress in September 1980. The policy advocates that every couple give birth to only one child to control the population increase as quickly as possible. The policy has prevented approximately 400 million childbirths and helps achieve economical success for the nation, but it has also greatly altered the population landscape and family structure.

Since its introduction, the one-child policy in China has gone through three phases in terms of the rigidity of its implementation.⁵ Between 1980 and 1982, the Chinese government encouraged people to have one child and rewarded those who did so, but did not punish anyone for not doing so, and there was no forced abortion. From 1982, the one-child policy became a fundamental state policy, with very rigid implementation. People who had more than one child were fined, and if they had governmental affiliations, such as working in public services, universities or state-owned enterprises, they would be fired. There are only few exceptions to this rule. In some parts of China, a couple with rural household registration are allowed to have

⁵ Song, Y. (2014). "Losing an only child: the one-child policy and elderly care in China." *Reprod. Health Matters* 22(43): 113-124.

another child if the first child is a girl; in some ethnic minority regions, a couple can have more than two children. Policy starting from the early 2000s is still strict, but the range of people who are allowed to have more than one child has grown. Couples who are both only children themselves are allowed to have a second child. More recently, couples in which one partner is an only child became eligible to have a second child too.⁶ However, in both cases, the couples need to go through a very complicated procedure to apply to the local government for a permit. Otherwise, they will be fined and punished. Although the one-child policy has been reformed gradually, it is still not adequate to cope with the aging crisis. Many scholars and experts are concerned that the issue of aging will become critical if there is no fundamental reform of the one-child policy. Besides, due to the policy a large number of one child family have already been produced, whose elderly care requires immediate attention.

“Shidu” families are a direct product of the one child policy. The majority of the “shidu” families gave birth to their only child after the policy’s introduction in late 1970s. Most of them never thought about violating the policy, and firmly believed that the country’s prosperity depend upon reining the population growth. But such practice is a risky attempt. Every one child family is taking a costly risk, as every child is exposed to deadly risks at some point of life, eg., accidents, incurable illness, unexpected natural or artificial disaster. However, in its design and contents, the policy did not foresee or mention the risks of parents losing their only children, let alone provide remedies on how parents will be compensated when such instance occurs.

In reality, the implementation of the one child policy has severely challenged the traditional family structure and way of care-giving. Given the one-child policy, a typical situation for a couple of two only children is that they have to take care of four elderly people, namely, their parents and parents-in-law as the major or only carers. With the increasing expenses of living costs, health care and education, most couples

⁶ Mentioned in: Resolutions on Deepening the Reforms on Several Major Issues, released by the Chinese government, 15 November 2013.

are already facing pressure caring for parents from both sides, on top of attention to their own child. The majority of old parents will need to have pension and child support in their old ages. For “shidu” parents, however, there is no such option. Their old age support cannot be guaranteed or protected by law. Losing their only children means there may be no one to care for and bury them.

In a society heavily relying on the blood line and families, “shidu” families face many more difficulties compared to elderly people with living children. According to one investigation published in 2013 of over 1500 “shidu” families in 14 provinces of China, more than half of the “shidu” families had incomes below local living standards, nearly half of them suffered from depression and over 60% had chronic diseases, in comparison to other elderly people. (Yana. L, 2013)

2.3 Policy and social support for “shidu” families

China is rapidly becoming an aging society. When “shidu” parents lose their only child, they are no longer able to rely on the traditional way of care-giving in old ages. Therefore, their old age care can only be dependent upon the state and the society. However, there is not sufficient support for them either on the policy level or the social level.

As mentioned earlier, when the one child policy was initially introduced, it did not foresee parents losing their only children; therefore, there is no mention of “shidu” parents in the documents at all. The first time the name “shidu” parents appeared in a national legislation, is in 2001, when the *Law on population and family planning* was issued. In Chapter 4, Article 27, the law says: “*Where the only child is disabled or dead as a result of an accident, and the parents do not bear or adopt another child, the local people’s government shall provide them necessary assistance.*”⁷ Here the language used is rather vague. It seems the responsibility is left to the local government, and necessary assistance does not specify what kind of help will be

⁷ China Government. (2001). "Law of Population and Family Planning of P.R.C." Retrieved 01.03, 2015, from <http://www.china.com.cn/chinese/PI-c/92122.htm>.

provided and how it will be measured. Analysis from legal experts claim that in this article the “assistance” is not a “duty and obligation”, and the concept of “provide necessary assistance” is rather vague. Legally speaking there is virtually no standards of quantification, and when it comes to implementation, it can become very flexible as it is left at local authority’s disposal.

Recognizing “shidu” families and families with a disabled only child as a special vulnerable group, brought about by the one-child policy, in August 2007 the Chinese government introduced a relief policy for them. (National Population and Family Planning Commission and Ministry of Finance, 2007) The policy was first trialed in ten pilot places and then extended to the whole of China. It is a good start. However, there are very rigid age criteria for identifying families who are eligible for these subsidies, for example, only mothers aged 49 or older in the families with a deceased or disabled only child are eligible, and their entitlement to the subsidy will be suspended if they adopt or give birth to another child. In addition, the amount of the subsidy was quite low, only 100 RMB (US\$ 16.40) per person per month for a “shidu” family. The amount has been increased to 135 RMB (US\$ 22) per month since 2012.

Because the main source of the subsidy is the regional governments, the amounts and packages provided vary by region. In reality, the subsidies paid out are lower than or close to the local minimum living standard. Hence, unless the “shidu” families have other sources of income, such as a pension or old age insurance, this financial aid does little to improve their economic situation.

2.4 Appeal for compensation and rights

Based on Chinese laws, the rights of the elderly depend on the support of their caretakers. But for “shidu” families who have lost their only child, they have also lost their caretaker and source of financial support. As a result, the law on the rights of the elderly has no meaning to them. In China, where the social welfare system is not very

strong, it is difficult for bereaved parents to spend their late years in a nursing home, not to mention having the money or qualifying background to live there. They are asking for a modified compensation system to provide for their twilight years.

Since they are facing a predicament without legal precedent in China, parents who have lost their only child want to see changes in the status quo. Some “shidu” parents voluntarily organized a group and wrote an open letter asking for changes to China's family-planning Law. By April 2013, some 1,804 people had signed the letter. In May 2013, ignoring the intervention of the police and their local family-planning committees, about 400 "shidu" parents journeyed to the Chinese capital to demand for their rights. On May 20, 2013, the petitioners gathered in front of the National Health and Family-planning Commission's headquarters in Beijing to make their appeal in person. They also sent a representative to speak with an official.⁸

In their appeals to the authority, they highlighted several policy requirements for parents who lost their only child: First of all, they call for definition of this special group. Their sacrifice for the one child policy's effectiveness needs to be identified and their contribution to the country needs to be acknowledged. Secondly, with respect to pension and medical care, the authority is advised to create special and practical pension and medical care plans for “shidu” families and put them into practice. Thirdly, in terms of financial support, “shidu” parents will need financial support for losing their child and as a way to contribute to their late child's medical fees.

Also in the appeal they mentioned recommendations in relation to some practical matters urgent to the “shidu” group:

a. Special nursing homes: The government should build special nursing homes for "shidu" parents who will not get visits from children or grandchildren, unlike other elderly Chinese.

⁸ China Daily. (2013). "Life after loss: when families lose their only child." Retrieved 05.08, 2014, from http://www.chinadaily.com.cn/html/feature/lifeafterloss_v/.

b. Residential communities: The government should provide the group with special residential communities, where they can receive support from parents who have gone through the same experience of loss.

c. Strong medical support: The government should make it easier for this group of elderly to schedule doctor's appointments, and help them avoid predicaments that stem from losing their caretakers and providers.

d. Death and funeral arrangements: The government should implement a set of policies, such as euthanasia, to reduce the suffering of those who are sick, and funeral arrangements that will be done when they pass away.

But the national commission did not give a response that day, instead promising to address the issue before the end of 2013.

At the end of 2013, the financial aid for families who have lost their only child was increased, but a policy addressing their social status and pension has not yet been released.

In conclusion, “shidu” families are born under the particular contexts of China’s social, economical and cultural backgrounds. In a society where parents receive major care from their children, for “shidu” parents, their only child is their only hope. There is insufficient elderly care facilities in the society and low coverage of pension from the state. It will become problematic when parents become old, as they will need to depend on themselves, financially, physically and emotionally. When they gave birth to their child, they made a huge sacrifice for the state. While their child is growing up, they made tremendous sacrifices again for their only child, as all their resources are invested to make the child successful and a reliable source of hope in this life and their old age. When the only child is gone, their dream and hope embedded in the child is also gone, their investments become in vain, and the state and society has not provided enough to care for them. As this phenomenon continues to reveal itself on a large scale, it requires policy change and development of social services for this group.

CHAPTER 3 THEORETICAL FRAMEWORK

This study has utilized a number of theoretical frameworks in understanding the emotional and social difficulties experienced by “shidu” families, as well as in analyzing the findings. Several theories have been used at different stages of the study. This project has also made use of some concepts developed from theories to gain understanding and analyze the findings. The following chapter aims to give a brief outline of the theories and concepts used in this study and the purposes they serve.

3.1 Theory of Identity Loss

The first theoretical perspective that embraces much of what is discussed in this study is family and identity loss. By virtue of this theory the study understands the universal human experience of loss, which, in this study, can be seen as the loss of only child to “shifu” families. The theory of identity loss as stated by Weigert. A. J (1977) focuses on understanding loss at the level of interactional and significant others. More specifically, such loss is conceptualized as “identity loss” – the destruction or denial of a particular, meaningful, and positively affective self-other bond which has constituted a central personal identity for self. This perspective is relevant to the study because the lost only child is an interactional significant other to their parents, and such loss means the end of a unique parent-child bond to “shidu” parents. As a result, sense of losing part of self, or loss of an important personal identity, is not uncommon among “shidu” families during their bereavement. Also, such identity loss is to be understood within the context of family. According to Weigert. A. J, he suggests that the family has a special archival function as a repository of identity symbols. These symbols compose a biographical museum for an individual’s personal and social identities. For instance, snapshots of happy times, family movies of vacations or birthdays, articles of clothing and toys from infancy transmute into relics of lost and sweet identities. Thus, “shidu” parents not only experience the loss of the deceased only child but also that part of self embodied in the concrete identity constituted by the relationship with the deceased.

3.2 Sociology of Emotion of Grief

A second theoretical perspective that has been employed in this study is sociology of the emotion of grief. To a human being, accompanying deeply felt loss of a beloved family member is the natural tendency to grieve. Common sense informs us that grief is an emotional status. But seeing from a sociological perspective, the emotion of grief is defined as the subjective emotional response to loss with mental, physical and social manifestations. The purpose of this study is to look at the emotional and social challenges facing “shidu” families. Grief is an emotional difficulty commonly faced by “shidu” parents and an integral part of their daily life experiences. Thus, the sociological perspective on grief can shed light on which emotions are experienced during grief and its implication. At the same time, this study also focuses on grief by situating it on social structure. Sociological conceptions of grief take into account the sociological structure in which attachment are situated. More specifically, grief does not simply rest in the bereaved individual; it emerges from relationships, attachments, expectations, and obligations, all of which is embedded in social life and situational location. Consequently, how, when and to what extent individuals express grief all reflect this social fabric. In this study, it is impossible to understand the “shidu” parents’ situations without putting it under the Chinese specific cultural and social context. Due to the family planning policy, the majority of Chinese families have only one child. Thus, there is an extremely tight bond between Chinese parents and their only child, because they invest all the love, heart and social resources to upbringing. It is therefore significantly unbearable to the “shidu” families when they realize their only child is forever gone, which is irreplaceable. Also, contrary to the Western individualism societies, the Confucius-inspired Chinese society emphasizes the roles to be played by parents and children, particularly in regard to children’s duty of care for elderly parents. The Chinese parents bring up their child with the expectation of receiving care from their children in old ages. Therefore, the grief of “shidu” parents not only reside in the deceased child but also includes the sense of fear and concern over old age.

3.3 Social Work Approach to Bereavement Work

Lastly, since the study is also looking for effective ways that social workers can intervene in helping “shidu” families to address their difficulties, it will also employ perspectives from the social work’s approach to bereavement work. The goal of bereavement work is defined as moving a bereaved parent from a state of denial and disorganization to a position where they can continue on with their life. (Queensland, 2006) Traditionally, clinical interventions informed by psychological and psychiatric theorists such as Freud (1957), Bowlby (1980) and Klein (1984) take the view that grief should be resolved and is achieved by successful detachment from the deceased. Modern theories on grief, however, stresses to recognize the intensity and the special and unique features surrounding the loss of a child. The new emphasis on parental bereavement is the concept of “continuing bonds” with their deceased child. According to principles described in more recent theories of parental grief, a multidimensional approach is needed, including individual work, couple work, family work, encouragement and resources of self-help, facilitation of support groups, and community education.

Hooyman and Kramer (2006) reject stage theories of grief that suggest recovery depends on moving sequentially through particular phases towards social and emotional detachment from the lost person or relationship. Instead, they argue that theory and empirical research show how grief is accommodated rather than resolved and how aspects of lost relationships are incorporated into new meanings and identities rather than becoming redundant in the construction of future projects. Individual development will thus be influenced by loss and its impact will be experienced emotionally, socially and cognitively throughout the life course. They also emphasize that most people are sufficiently resilient to recover from overwhelming grief but that social work has a significant role in helping those who cannot reconstruct their personal and social worlds following a significant loss.

Among the multidimensional approach is the use of group work in assisting bereaved

parents to help each other. Through case analysis Knight. C (2014) concludes that the mutual aid orientation which characterizes social work with groups provides a sound theoretical framework for understanding how bereaved individuals can benefit from being with others similarly affected by loss and grief. The advantages of group membership include enhanced reassurance from similarly challenged group members, benefits of giving assistance to others that boosts self-efficacy, function as an info-sharing forum where members learn from each other's experiences.

CHAPTER 4 METHODOLOGY

4.1 Introduction to Methodology

Silverman (2013, p.113) defines methodology as *“the choices we make about cases to study, methods of data collection and form of data analysis etc. in planning and executing a research study”*. Silverman further adds that methodology defines how a researcher will go about studying any phenomenon. In this chapter I will focus on reporting what I did during the course of the project. More specifically, as noted by Berg & Lune (2012), I will highlight the nature of the data, how the data was collected, and how it was organized and analyzed. Cooper (1984) suggested that in a methodological review the researcher needs to focus on methods that will be utilized in the research and their definitions. These methods should be discussed with relevance to their strength and weaknesses taking into account the importance of choosing one method over another. The methodology of this study is influenced by the phenomenon under investigation and requires that participants give personal experiences and accounts.

4.2 My interest in the topic

I chose the topic of “shidu” parents because it is related to my interest in elderly care and is very relevant to the emerging needs of services in society aimed at such group. More specifically, I am interested in what their experiences are when getting over the pain of child loss emotionally and socially. This interest originated from my reading of media report on this social group. Their experiences touched me, and as an only child myself, I cannot help but think what it would mean to my parents if I passed away before them. I want to do my best to relieve the distress when I encounter such clients during my future practice as a caseworker.

Also, the value of social work to be attentive to vulnerable social groups and to address social needs inspired me to study this topic. Due to their particular experiences, “shidu” parents are in an extremely vulnerable social position. Not only do they need financial assistance, but also they need emotional care and social support.

I hope to achieve more knowledge and better understanding of what are the real needs of “shidu” families, and to come up with ways that we as social workers can utilize to help them in an effective way.

4.3 Why qualitative method

When it comes to research method, Silverman (2013) contends that there is no good or bad method, except one that is appropriate to the study at hand. He asserts that a researcher should choose a method that is appropriate to what he is trying to find out.

Based on this principle, I chose qualitative as my research method because it is in line with the nature of my studies. The aim of my project is to find out the emotional and social challenges facing “shidu” families when they are in the phase of social transition. More specifically, this involves their experiences of daily life when moving forward from the loss of only child and requires detailed accounts of their stories in emotional realm and social life. In other words, I am trying to look for living stories from the notion of the “shidu” parents instead of pre-defined terms. What will be highlighted is the individual’s own perceptions and subjective apprehensions, from their naturally emerging languages and the meanings individuals assign to their experiences. By this standards outlined by Berg & Lune (2012, p.15), the data I am seeking is qualitative in nature. Thus, qualitative method is an appropriate method that can be utilized to answer my research questions.

During the research design stage, I also thought about using quantitative method but subsequently gave up. The strength of quantitative method lies in that it produces data in the form of numbers, and through statistical analysis important facts such as trends, group differences and demographics can be derived. But the things my study is trying to find out such as emotions, memories, experiences etc. can not be expressed by numbers. Besides, since each individual has unique experiences, values and stories, it will be inappropriate to adopt quantitative method, eg., standardized surveys, as the richness and personal sense of the data will be lost through such methods. As a result,

qualitative method is more appropriate to my study than the quantitative approach.

There are some limitations with qualitative method. First, the researcher needs to consciously maintain an objective stance, as he will be actively involved in interacting with the social actors. In the process his personal judgment and experiences may affect the progress of the interviews. Thus, it is important to purposefully and carefully design the interviews and pay attention to how the data is analyzed after it has been collected. Also, another weakness with qualitative method is concerned with generalization of its results. Thus, detailed description of the both the site where the study is conducted and the sites about which the generalizations are made are required. (Blaikie, 2010, p.217)

Despite its limitations, the strength of choosing qualitative method is that it *“allow concepts, ideas and theories to evolve and resist imposing both conceived ideas on every day reality and closure on the emerging understanding”*.(2010, p.215) Through thick description and focusing on social processes, the researcher is able to understand the issue using social actor’s point of view and develop concepts and theories. These strengths fit well with my research design and is in match with the intention of the study project.

Thus, it is natural for me to choose in-depth qualitative research method because the data of my thesis is qualitative in nature.

4.4 Research area

The research was conducted in the Chong’an District of Wuxi City. Chong’an is one of the six urban districts of Wuxi, Jiangsu Province, China. It has a land area of 17.82 square kilo meters, and a population of 186,800. This District consists of five sub-districts (called Jiedao in Chinese) and each sub-district has 5-6 local communities. Chong’an District government is renowned for their leading role and innovation in promoting social services in Wuxi, including services for the elderly. I chose this district because I am from this area; therefore I am familiar with the surroundings and

it is easier for me to get around carrying out research.

The district has an on-line directory of all the local community centers including their addresses and contact information. In particular I chose the center at Shangmadun Sub-district, because it promoted a project aimed at helping “shidu” families, the first of its kind in the Wuxi City. With contact information from the directory I got in touch with the leader of the family planning section in Shangmadun sub-district. After I explained to her my intention of doing studies on this phenomenon and requested an interview, she kindly agreed. Through interview with the director I got knowledge about the situation of “shidu” families in the district, and she provided me with reports about the Redwood project, in addition introducing me to further informants.

4.5 Sampling

According to Berg and Lune (2012, p.50), the logic of using a sample of subjects is *“to make inferences about some larger population from a smaller one - the sample”*. Such inferences succeed or fail according to how well the sample represents the population. I find this relevant to my studies because Chong’an is a very large district and it will be impossible to reach every “shidu” family in this district and go through all their life experiences. Therefore, it is reasonable for me to use a sample population in my studies.

Due to the nature of the study, I chose non-probability sampling over probability sampling. This is so because probability sampling is used mostly in large scale surveys and it requires restrict parameters. A most commonly used probability sample is the simple random sample, which involves beginning with a full listing of every element in the full population to be investigated. This is beyond the scope and capability of this research project. Thus I chose non-probability sampling. According to Berg & Lune, in non-probability sampling the investigator does not base his or her sample selection on probability theory. (2012, p.50) The benefit of this is that it does not require a list of all possible elements in a full population and offers the ability to

access otherwise highly sensitive or difficult-to-reach study populations.

For my study I chose what Berg & Lune terms as purposive samples and snowball samples. In purposive sampling researchers “*use their special knowledge or expertise about some group to select subjects who represent this population*”.(p.52) In some cases, purposive samples are selected after field investigation on some group in order to ensure that certain types of individuals or persons displaying certain attributes are included in the study. In my study I am looking for families who lost their only child and now remain childless. I felt it would be insensitive to ask each household if they met the description I was looking for. To solve this, it occurred to me that the community centers knew all the “shidu” families as they are providing service to them, so it would be better if I could ask them to help me locate potential informants. And because they have met these families before, they can help me find informants who are able to articulate themselves and who are willing to take the interviews.

However, after actual contact with the center leader, they are concerned that this would compromise the trust they have already built with the families. Also, due to the sensitive nature of this topic, even if they try the result could be direct refusal from the “shidu” families. As a result, they could not help me find interviewees. But the help I did get from the community leader is that she referred me to a social work supervisor. And then the supervisor introduced me to the project advance workshop. This helped a lot because a chain of subjects are driven by the referral of one respondent to another.

Since I could not use purposive sampling to locate the “shidu” families, I turned to use snowball sampling instead. Snowballing is sometimes the best way to locate subjects with certain attributes or characteristics necessary in the study. (Berg & Lune, 2012, p.52) This approach especially comes in handy if the researcher is interested in studying various classes of deviance, sensitive topics, or difficult-to-reach population. The basic strategy of snowballing is first identifying several people with relevant

characteristics, interviewing them and then ask for names of others who possess the same attributes they do. Fortunately enough my father knew a female who lost her only child. Also, another acquaintance of mine from the church knew such case and is a good friend to that family. So with help of these connections I got in touch with two “shidu” families and both of them agreed to take my interviews. At the end of interviews I asked if they knew any other “shidu” families, but they answered no as they mostly kept to themselves.

So in the end, a total of 2 “shidu” families and 3 helpers including 2 professional and 1 amateur were interviewed.

4.6 Data collection tools

My study used both primary data and secondary data. The reason why I chose primary data is that according to the objective of the study, it would be more beneficial to talk to the people first and hear their stories from their accounts. Thus the study used interviews with two groups of people, namely the clients and helpers. The form of the interviews are semi-standardized ones. The conversation of the interviews were recorded using hand-written notes as agreed by the interviewer and the informants.

4.7 Interviews

In this study I decided to use in-depth interviews to collect the data needed. The use of interviews is significant based on the sort of information that I was looking for. Rubin and Rubin (2005, p.3) suggested that through qualitative interviews a researcher can understand experiences and reconstruct events in which he did not participate. According to Rubin and Rubin (2005), one can extend his or her intellectual and emotional reach across age, occupation, class, race and geographical boundaries. With regards to my study this is very important because the information I needed was supposed to come from people’s experiences of their life stories. This means that I depend on the informants to tell me their life experiences. Creswell (2007) also states that interviews are good and useful when participants cannot

directly observe the things they are trying to study. The emotional and social experiences of one person are a series of processes which cannot be observed directly by merely looking at them. Therefore the best way to obtain such information is to interview people who have experienced it. Field work could be an alternative way to collect data on this particular topic, but then it requires that I have to stay in this area for a long period of time in order to collect such data. But due to the limited time frame I had as a student undergoing master studies, the best option for me was to use the interviews.

The other importance of using interviews is that participants can provide historical information and what they might have gathered for a long time. The use of interviews also allowed me as a researcher to have control over the line of questioning. This means that I could probe more on what I was interested in and what I wanted to research about.

Silverman (2013) notes that while using interviews to elicit respondents' perceptions, an important question the researcher needs to ask himself is how far is it appropriate to think that people attach a single meaning to their experiences. For instance, in relation to "shidu" parents' receiving public services, there may be multiple meanings of this same activity represented by what they say to me as a researcher, what they say to each other, and what they tell the service providers. Thus, Silverman argues that the researcher needs to choose "*whether interview responses are to be treated as giving direct access to experience or as actively constructed narratives involving activities which themselves demand analysis*".(2013, p.47) In this study, the researcher will take the position that responses from interviewees are seen as socially constructed narratives. Thus, interviewing both the "shidu" parents and service providers can produce accounts that are comparable to each other, and knowledge from relevant documents such as project report will be used to complement the data from interviews.

4.7.1 Un-standardized Interviews

Due to the nature of the study I felt that it would be useful to use open-ended and flexible questions. As Silverman (2006) states, open questions are more likely to receive a more considered response than closed questions and therefore provide better access to interviewees' views, interpretation of events, understandings, experiences and opinions.

The un-standardized interviews were done with participants who have knowledge about "shidu" family's emotional and social difficulties. Specifically this includes "shidu" parents who actually are experiencing such challenges and helpers such as caseworkers and community workers who are providing services to these families to help them resolve such challenges. Both groups were interviewed in depth. This method, as suggested by Berg & Lune (2012), allowed me as the researcher to encourage the interviewees to lead the conversation. Prior to the interviews I prepared a loose set of questions but these were not strictly followed. These questions served as guideline notes to make sure that all the relevant topics would be discussed and indicated the subject matter that was intended by the study. This was done to ensure that I do not lead the interviewees into answering any question according to what I was thinking or wanted to hear. With this emphasis I was able to get the respondents' opinions on the topic, while they were in a safe environment to talk about their opinions freely. By doing so I observed that everyone was free to voice how they really feel about the phenomenon without being led into a particular opinion.

With the use of the un-standardized interview, Berg & Lune (2012) suggests that the interviewer needs to develop, adapt and generate questions and follow up probes appropriate to each given situation and the central purpose of the investigation. This was very helpful in the field because one of my first assumptions was that the "shidu" group would feel really appreciated if someone would show care for them, eg., visiting them or asking them how they are doing. But when I went to the field I discovered something different. The "shidu" families were saying that they are very

cautious about other people showing care for them, because sometimes their remarks or action would do bad and hurt them instead. This proves relevant to my analysis with respect to what contributes to their social difficulties and how to integrate them socially. Thus, un-standardized interview proved to be very conducive, as the interviewees were able to express their true ideas and opinions about their feelings and experiences, without being influenced to answer the questions in a certain way by me as the researcher.

4.8 Data Analysis

In the literature on data analysis a wealth of generic approaches to analyzing data can be found. These include conversation analysis, content analysis, grounded theory and discourse analysis. For the purpose of this study, I have decided to choose grounded theory. This consists of organizing data, reducing data through coding, repetition of reviewing data, and drawing out concepts and categories which form the basis of new theories. I chose grounded theory because it can help me discover the meanings behind what the informants have told me in the interviews, and thus to understand “shidu” parents’ lives from their point of view. This also gives me an advantage over other methods in that I can avoid the risk of using the data to justify pre-existing concepts and theories.

For my data analysis, the first step I took was to transcribe information from my participants. Having collected all my interview notes and secondary documents, I transcribed them onto several Microsoft Word Documents - one document for each informant. Since the data was collected using the Chinese language, I then have to translate these documents into English. During the translation process, I tried to maintain objectivity, that is, to maintain the way the information was presented. For instance, if the interviewee was speaking in daily language or using a parable, then I tried to adopt colloquial expressions or find the closest analogies in the English language. This process helped to maintain the richness of the data and prevent loss of information when it is translated from one language to a different language.

Following this, my next step is to coding the data. Adopting the guidelines given by Charmaz, K (2006), this includes a process of two stages - initial coding and focused coding. During initial coding, I read the data in each document closely and tried to summarize and synthesize the information using short notes. In this process, I tried as much as I can to stay close to the texts, so that I can remain open to what the material suggests without getting interfered by my own biased preconceptions. Then, in the next stage of focused coding, I read through the codes from initial coding, compared them and tried to discern similarities or differences among the data set. In this process I also started writing memos which is basically some preliminary analytic notes about comparisons and codes or anything about the data that occurred to me. After going through such processes, patterns and ideas that best fit and interpret the data started to emerge and I use them as analytic categories. By returning to consult the data to refine the emerging analytic categories, an abstract theoretical understanding of the studied phenomenon is achieved.

4.9 Ethical issues in the study

According to Silverman (2013), ethical problems are usually not far away in qualitative research, because it inevitably involves contact with human subjects in the field work. Thus, researchers must “*ensure the rights, privacy, and welfare of the people and communities that form the focus of their studies*”.(Berg & Lune, 2012, p.61)

The first ethical issue I thought about is seeking permission to conduct this research from the Norwegian ethics board. Because according to rule by NSD (Data Protection Official for Research), researchers or students from institutions that have appointed NSD as their data protection official, are obliged to notify the board when they are collecting personal data as part of their social science research project. As my project will involve interviewing people and keeping down the information, it meets the requirement for notify apply. This was done by submitting the application on-line with

the help of my supervisor.

A second ethical consideration in my study is to ensure that I avoid potential risks to project participants in any form. Such risks associated with participation in a social scientific research include exposure to physical, psychological, or social injury, according to Berg & Lune. (2012, p.90) In order to achieve this, an informed consent must be actively sought from all participants before the interview proceeds, so that the individuals are entering the study of their own choice. As Berg & Lune suggests, informed consent is typically presented in the form of a informed consent form. In this form the researcher should briefly explain the nature of the study, present potential risks and benefits of the project, offer an assurance of confidentiality and protection of the participant's anonymity. Before the interviews I prepared a written informed consent form for the informants, and explained the information therein to them at the beginning of each interview. For reaffirmation I asked them if they understand the information and if they are willing to take part in the interview. The consent form is shown in Appendix 1 at the end of this thesis.

A third ethical consideration is with respect to anonymity of the participant. Anonymity simply means that the subjects remain nameless. This is done so by replacing real names with pseudonym or case number when reporting data.

One more ethical issue I take into account is confidentiality. Confidentiality is "*an active attempt to remove any elements that might indicate the subjects' identities from the research records*".(2012, p.93) To do so, one aspect is by changing the interviewee's name to a pseudonym, his or her age changed, etc. Also, I asked the interviewees if I could record our conversation with a audio recorder for data purpose only. But all informants refused to be voice-recorded for confidentiality reasons. So I respected their decision and asked if I could keep notes instead. They agreed. I also informed them that the conversation contents would be quoted in my thesis, and asked them if they are okay with it. They said it is okay and then I proceeded, hereby

fulfilling my confidentiality requirement.

4.10 Reliability and validity

Reliability, in simple terms, refers to *“the consistency or stability of a measure; if (the study) were to be repeated, would the same result be obtained.”* (Robson, 2002, p. 93). In other words, how reliable a finding is is decided by the extent to which it is replicable. However, within the field of qualitative social sciences, it has been argued that the ability of an account to be replicable can be far from reality, because interpretations of accounts are related and comparative to a phenomenon. My interpretation of this is that information generated can change due to various factors. Case in example, a client’ response to the same question on socialization might change if public services are improved. Regardless to say, it has been argued that reliability can be addressed through procedures such as triangulation, use of mixed methods and testing of research tools. (Silverman, 2010)

One of my approaches to ensuring reliability was through consulting with professionals. Through interviews with practitioners I was able to get knowledge about what needs to be noticed and cautious about when meeting with the clients.

Secondly, by using mixed methods such as observation (participation in the seminar) and secondary sources of data (redwood project introduction), the study was able to increase reliability through multiple perspectives provided on the phenomenon of “shidu” families in relation to their social transition.

Finally, during the course of the interviews, I made an conscious effort to repeat and rephrase questions to ensure that participants answer questions in line with my research questions and its intended meaning.

Validity is of crucial importance to research design and, according to Patton (1990), it *“determines whether the research truly measured what it was intended to measure”*.

Gall et al (2003) argued that, in qualitative social research, validity of a study can be achieved through approval by a panel with expertise in the field of studies. This can also be based on the logic and reasoning of information provided by the researcher.

In my study, I tried to enhance the validity through the following procedures.

Firstly, I allowed my supervisor (as an expert in the field) to go through the interview guide to ensure that questions being proposed were fit for the purpose. Concerns raised by my supervisor were further discussed and converging ideas were incorporated and accepted to be used in the final guide.

Secondly, I checked for validity by comparing information gathered between the two “shidu” mothers and the helpers’ perspective. I paid particular attention to the ways in which participants answered their questions and from the conversation I observed that there were common patterns in their experiences. By making this comparison and observation, information obtained could be considered as representative of the phenomenon at hand and its validity can be deemed appropriate.

4.11 Limitation of the studies

“shidu” families is a new social phenomenon that came under public light only recently in the Chinese society. As a result, only few people have access to them, such as community worker, social workers or their relatives, and most of them conceal their identities and remain unknown to others, even to their neighbors. Also, due to the sensitive nature of the incident, a majority of “shidu” parents are reluctant or simply refuse to talk about anything related to the death of their child. The professionals that work with them do not want to break the trust that they have already built, so they cannot help me locate potential “shidu” families as my informants. Therefore, I was left to seek informants by my own effort.

The sample of the study was largely determined by the availability of the participants

I could find who fitted the “shidu” description. Access to the two “shidu” mothers are gained through common connections. This strategy would potentially made these two informants kind of similar to each other in nature. And the fact that they are both Christians verified this concern. They may share some mindsets that are absent or different from, say, their non-religious counterparts. And that both of them are females may cause me to miss information about the gender perspective of the social phenomenon under investigation, namely, data from the “shidu” farther side, and differences between how the father and mother handles the situation. Thus, the views presented in this study might fit into a biased characteristic and lack generalization on a broader level. Also, this investigation is conducted in the city, so it may not have relevance for rural areas. However, considering my position as a novice researcher and a young unmarried person, plus the sensitive nature of the topic, my position was quite awkward when I approached the “shidu” families. I do not possess the life experiences to make myself fully understand their experiences, and this may put some distance between me and any of my potential interviewees. Even some of the professional helpers I met find it hard to talk to these families, let alone introduce a youngster who will probe into their lives for information about their sad past. But I am glad my informants gave me rich contents about their life stories so I could put these under analysis, and I am confident these data offer typical examples of how majority of “shidu” parents genuinely think and act in reality. Besides, information from the social work perspective combined with the documents I obtained shed more light on this issue.

Generalization of the study finding is a second limitation. The number of informants could have been larger and come with more variances in backgrounds. But in reality this proves difficult, as I only had short time period for field work and lacked the resources necessary to conduct the research on a larger scale.

Another limitation of the study might be language translation. As the interview and documents data are collected in Chinese Mandarin but the study written in English, it

cannot be guaranteed everything is precise and some information might not be lost during the translation process. Also, some cultural perspectives coherent in the language may lose in the translation process.

The use of interviews has some limitation as well because it collects indirect information filtered through the interviewees' views. It is different from observing the incidents directly and get first hand information. Although I tried to maintain as neutral as I possibly could, my role as researcher could also produce some bias from interviewees' response. Some people may answer my questions as they think what I want to hear, or hide certain aspects for this matter.

4.12 A Brief Presentation of the Participants

As stated in the sampling section, a total of 5 people were interviewed. These include 2 "shidu" mothers who lost their only child, and 2 workers who cared for the "shidu" population professionally (1 family planning department director, 1 social work supervisor), plus 1 self-supportive helper who also helped the "shidu" families but in an amateur fashion. All names of the informants here have been changed using pseudo ones, and their ages altered, so as to ensure anonymity and keep confidentiality.

Mrs Zhang, 52 years old, lost her only daughter 4 years ago. Her daughter died from heart attack shortly after child birth, leaving behind a 3 month old baby girl. Mrs Zhang was remarried, and her lost daughter was the one she had with her first husband. Shortly after her daughter was gone, Mrs Zhang's second husband divorced her, and during their marriage they did not have a child. Mrs Zhang's son-in-law did not care for his own baby daughter, sold his property and squandered the money, and left the responsibility of caring for the baby girl to Mrs Zhang. Mrs Zhang was disabled with one of her legs and she had rheumatoid arthritis. At one point of time, Mrs Zhang and her granddaughter were homeless. The apartment where they live now is found and financed by her nephew(son of her elder sister). Currently there are two sources of income for the two of them: first, settlement fees for dispossessed farmer

Mrs Zhang, 600 CNY(\$98); second, subsistence allowance for the child, about 700CNY(\$114), which will be paid until the girl reaches 16. With such income, Mrs Zhang and her granddaughter barely make ends meet.

Mrs Qin, 54 years old, still in marriage, her daughter died from a hard-fought combat against leukemia 8 years ago. She is now living with her husband. While her husband is still working, she is now retired. Both of them receive a monthly compensation from the state at 500 CNY each. Mrs Qin's life is mostly spent at home and doing occasional voluntary work outside the house. She feels that she has moved on from the loss of her daughter, but at times she would still feel weak inside. The stories she shared and experiences taught with me are very touching and shed light on this particular population.

Mrs Hu, in her 30s, is the director of family planning sector at Shangmadun Street/sub-district Office. She used to take part in the Redwood Project, a district level social work program targeted at "shidu" families in Chong'an District. After the program ended, she replaced the previous director becoming the new head in charge. Not only did she introduce me to the Redwood Project while she was working on it, she also introduced me to Mrs Angela, my next informant, and provided me with document briefing the running of the Redwood Project.

Mrs Cai, in her 50s, is a folk philanthropist. Her daughter is employed as senior manger at GE in USA. She is a grassroots helper, taking money from her own pocket or receiving fund from her daughter, to help vulnerable people like drug addicts in prison, orphans, "shidu" families, etc.

Mrs Angela, head of the HK Liangyanhong Social Work Workshop in Chong'an District in Wuxi. She is an experienced social work supervisor from Hong Kong. She and her team are hired by the Chong'an District government, to help develop and give advice to the local community practices. Working with "shidu" families is one of their

key areas of services. In our conversation she shared some unique work techniques that her team developed to integrate “shidu” families socially as well as to help them address emotional distress. She asked the district family planning bureau director on my behalf and helped me gain permission to participate in a district workshop, which aimed to advance the project for “shidu” families.

CHAPTER 5 FINDINGS

The following chapter is a presentation of what the researcher has found from the data collected in the field work. It will gather the information provided by both “shidu” parents and service providers, so that both perspectives can complement each other and provide insight to the research questions. The chapter is organized in such a way that the paragraphs are grouped by topic emerged from the data. Under each topic, a brief introduction is given and direct quotes of the informant’s answer from the interviews are taken.

5.1 Topic of loss a taboo and difficult to approach

From the very beginning of my approaching the “shidu” parents, trying to establishing contact with them, it seemed difficult to have them talk about their loss. They either tried to turn away from the topic of their child’s death, or became suspicious of my intention of asking about their loss. When I told my first informant Mrs Zhang that I wanted to get some information about her experiences of loss, she went like: *“Me? You want to interview me? What is it about me that you can possibly interview about?”* Also, for the other informant Mrs Chen, she ringed me twice after my initial call to her, just trying to be clear of why I want to interview her about her experiences of child loss.

Initially I found this situation very awkward, yet understandable. After all, to them I am just a stranger, trying to probe into their private life and tap those sensitive memories. However, later on in the field work, I was surprised to learn from the community worker that they are having a hard time reaching “shidu” population as well. As Mrs Hu, a head community worker says: *“During the early stage of our home visits work, at the first time or second time, it was very difficult. They were unwilling to communicate with us as well.”*

Apparently, this topic of losing child or child’s death, is a landmine or taboo to the “shidu” families. When the topic or words of child, death, loss comes up, it tickles the

very nerves of the “shidu” parents. Unless the person they are speaking to have or have gained their trust, they will not be comfortable talking about it.

However, when the informants do sit down and talk about their experiences of loss, their expression is more unspoken than verbal. For instance, when I asked the informant “What does the loss of only child mean to you?”, the 54 year old mother who lost her only daughter said this:

“When my daughter left me, I was heartbroken and feeling despair. There was nothing to hope for and no one to count on. Also I was afraid of the future and concerned about days in my old ages.”

The language used here is as simple as stating a matter of fact. The informant is simply using plain words to describe her feelings or experiences. There is no details or fancy account of how badly the informant is affected by the loss. What she does tell us is that she is traumatized by the loss and has no hope and no dependence. This sense of despair is mixed with fear about the uncertainty of future. Though only a few words, as the interviewer, I could sense from the conversation the unexpressed anguish in her tone as she spoke. The unconveyed degree of grief is intense. Similarly, another informant, when answering the same question, made an even shorter comment:

“When I think about it, it’s so hard to live on my own”.

Here again the informant is bothered by the thought of no more person to depend upon and showing a sense of complaint. While making the comment, the informant stopped talking for a while, kept shaking her head lightly and let out a deep sigh. It seems that the informant has a large amount of emotions and thoughts buried in her heart, but words and sentences just fail to portrait all those.

Not only are the “shidu” parents have difficulty articulating their experiences of loss, the people who are helping them also show it is hard to understand their inner feelings. From my conversation with Mrs Cai, a folk philanthropist, who took money from her own pocket to help “shidu” parents, said these words:

“But friends like us, what we do is simply go and have meals with her, just like

this, we don't talk much, and there is no words for communication. If you had never experienced the loss of a child, truly, there is no way you can feel what they feel."

".....we couldn't relate to her and thus comfort her, because we could not enter into her heart. We don't know what is going through her mind. Therefore, we can only sit by her side and be her company, that's it."

This reply indicates that the person who is helping "shidu" parents is having difficulty truly understanding how the parents are feeling and what is going through their mind. Because the loss of an only child is an experience unique/exclusive to the "shidu" parents, only themselves genuinely know and understand how it feels and the pain. Others around them cannot find words to comfort them but become their company. Silent company is their remedy to the emotional distress of the "shidu" parents.

Even for professional helpers such as community workers and caseworkers, establishing contact and building up trust with "shidu" families appear to be tricky. As Mrs Hu, a community worker comments:

"The majority of the "shidu" families, they mostly keep to themselves. It's quite hard to carry out group work... We establish and develop contact with these families by means of more subtle ways, such as cooperating with community doctors and arranging home visits to these families."

"When it comes to on-door service, or inviting them for grief counseling, we don't say this directly, but tell them we are inviting them for public interest activities."

"It would be extremely difficult to go to their doors and interview these "shidu" families. They will be reluctant to talk about this topic. When they attend activities, they appear very happy. But when they get home, or when the sad thing is brought up, they will avoid or refuse to talk about it."

From these words it shows that the "shidu" group are closing to themselves, which makes it difficult for the workers to bring them together and carry out group work. When reaching out to the "shidu" families, community workers do not use direct ways like saying we want to do a grief counseling for you about your loss. Instead, they

adopt more subtle ways, for instance, teaming up with community medical resources to do home visits, or invite them to community center for public interest activities. Despite the effort by workers, “shidu” parents still show reluctance to face the topic of their child loss and avoid talking about it.

To sum up, “shidu” parents are emotionally disturbed by their loss of only child, and such distress is intense in degree and hard to express by words. “Shidu” groups are experiencing lack of hope and dependence. They are also having fear about the unknown future. Because such loss is an exclusive experience, others including people who are offering help find it challenging to enter into “shidu” parents heart and relating to them. As a result, “shidu” parents are mostly absorbing grief by themselves which makes it difficult for them to get over the loss and this poses challenges for those who are trying to help them as well.

5.2 Concern over old age care

Although individual and household differences affect what “shidu” families perceive as challenges, one of the concerns that the informants have in common is toward their life in old ages. As mentioned earlier in the second chapter, children plays the most significant role in care for aged parents in Chinese societies. For “shidu” parents, gone with their only child is a reliable source of elderly care when their hair turn grey.

The informants whom I interviewed identify old age care as something they are worried about. For Mrs Qin who lost her only daughter, she said:

“I am afraid of the future and concerned about days in my old ages. Who will take care of us when we become old? What will happen when we lose the ability to go outside by ourselves? What about illness and diseases?”

From this answer the informant is saying that she is having fear about and no confidence in her future. She is anxious about the situation that there will be no one to care for her when she turns old. She is also concerned that when her health deteriorates things could become worse.

For “shidu” families left with a third generation, things could be more burdensome. For instance, Mrs Zhang expressed her concern about her granddaughter, who became her responsibility after her only daughter died:

“I cannot even imagine what if I get sick, who will care for the child and take her to school then?”

It is to be noticed that their anxiety over old age is not necessarily concerned with finance. Of course, financial stability is very important to “shidu” parents’ old age welfare. Nevertheless, at the heart of “shidu” parents and occupying their mind, is the sense of lack of a figure that they can put their life into and receive comfort from. This figure used to be their only child, representing all their hope and dream for old age life. But now, it is gone. As one informant summarizes it well in her own words,

“In fact, what they need is not just economical or material help. I think what they need more is a mental and spiritual care.”

This lack of support on a more mental and spiritual level for “shidu” parents is what they need most in response to their concern over old age scenario: someone who is willing to come to them, listen to them, show love to them and take care of them when they lose the ability to live independently.

The same way of thinking is observed in the accounts given by the professionals who are providing services to “shidu” families. As Mrs Hu, a family planning director points out:

“Most “shidu” families in our realm are doing well financially. Both sides have retirement pension. Therefore their need in economical terms are not very big. Their need is primarily psychological, plus concern over care in old ages, eg., no one attends to them when their health deteriorates.”

Based on this realization, several projects are initiated on a district level to alleviate “shidu” parents’ fear toward elderly care and life in old ages. Case in example, social workers come up with a plan that each “shidu” family is paired with a volunteer (from community and corporate) as their “good child”. These volunteers are in frequent contact with each “shidu” family, giving them that stable a source of someone who is

showing love and care for them. Also the social work team arranges visits for “shidu” parents to nursing home escorted by “good child”. The “shidu” elders had a first hand experience of what it is like to live in a nursing home. Through interaction with old residents there, “shidu” elders get knowledge about living experience in a senior home. Some of them even act as volunteers, bringing fruits to old residents, giving talent performance, etc. Such activity brings them enjoy from helping others, while also reduces their anxiety of concern over old age care in the future. With respect to health issues, the community doctors carry out home visits regularly and create health archives to follow up on the health conditions of “shidu” families.

In summary, “shidu” parents are faced with a common concern of life in their old ages. This anxiety over elderly life resides not only in financial stability, but also includes a figure who can provide a mental and spiritual care for them. The latter carries more meaning to the “shidu” group. Creative ways can be found to facilitate in this direction on a local level, but the key rationale is to keep it a focus to provide stable elderly care, relieve anxiety over senior care and follow up on health issues.

5.3 Unhealthy obsession with sorrow

From my conversations with the informants, it appears that their mind tend to keep lingering on the sorrow of their child’s loss and they find it difficult to think about anything else. This surely affects how they think and feel and has implications on their daily life in general.

According to Mrs Zhang, when the night fall and she is all by herself, she could not help but remember her daughter and start crying silently. In the first few periods after her daughter left her, this situation was worse:

“At the first few months after Lingling was gone, I always had this illusion that she was at home again and I could see her”.

Here the informant’s missing of her only child is so bad that she starts having illusion image of her daughter. It indicates the bereaved parent is in extreme sorrow and at risk

of emotional break down.

Also worth noticing from the participants' replies is that their sorrow can be easily triggered by an object, a scene or a special period of time. For instance, Mrs Qin says this:

“At home when I saw the piano that my daughter used to play, it would pull the trigger of my sadness. I would remember how she sat before the instrument, the beautiful tunes played from her fingers and the beautiful smile on her face, just the way she smiles. But when I came back to reality, the seat was empty and the room was silent”.

Here the “shidu” mother is describing how seeing a piano at home pulled off her emotional trigger and temporarily gave her a sweet mental picture of her daughter still playing music in the house. But this brief happiness is followed by the cruel reality of her child's death and even more lingering on the grief.

Another vivid account given by the informant portrays how desperate and intense this sorrow experience can be:

“One day I was beside the window at my apartment, and I saw outside a young mother with her baby carriage. The mother was doing all these funny things to amuse her baby in the cart, making faces and all. When I saw that, I couldn't take it. It was so overwhelming that the first thing I wanted to do was go to the rooftop and jump down from there. By reason I should have stopped looking when I first saw that. But I couldn't help myself. The more I saw it, the harder it was to bear it.”

These words are depicting a picture of the tight and griping effect of the parent's sorrow, and this is simply triggered by a scene of another mom playing with her baby in a toddler carriage. It is difficult for us to fully grasp what is going through the mind of the “shidu” mother. Maybe she is jealous of the wonderful time that mom is having with her baby? Maybe she is thinking about from her memory how she played with her daughter when she was a baby? Or maybe she is feeling guilt as she could not

bring her daughter back to life? What the “shidu” parent is thinking is difficult for us to imagine, but from her bursting emotions that even reach a point to push her to end her life, it shows that her sorrow is indeed tremendous and exceedingly unimaginable.

As for sadness triggered by particular periods of time such as festivals, this is learnt from the answers given by the service providers. Festivals that represent reunion or carry family meanings are seen as particular time to pay attention to by community workers and social workers. As one social worker points out:

“During special occasions such as winter solstice or spring festival, caseworkers and volunteers will spend time with “shidu” elders. This not only weakens the feeling of loneliness that is easily aroused during festivals, but also creates opportunities for “shidu” elders to walk out of homes, participate in community activities, and make more new friends. From indirect refusal initially to active participation later on, the change in attitude reflects that the project has helped them improve lifestyle habits and expand social networks”.

Here the caseworker is making the point that feeling of loneliness is easily aroused during special occasions such as spring festivals, when the norm is for the whole family to reunite together and enjoy a happy family time. The social work notices this issue, deals with it, and uses it as a good opportunity to encourage “shidu” parents to go out and integrate into community lives. Such approach eases the grief and loneliness that is easy to arise during holidays and help “shidu”parents avoid falling into their emotional vicious cycle.

An additional feature that the informant mentioned is that sorrow or grief has affected their physical health as well. Look at the account given by Mrs Zhang:

“I can't get anxious. My body cannot bear anxiety. It cannot be irritated. Whenever I gets hurried, my heart rate jumps and my blood pressure will rise fast.”

Here the informant is suggesting that her physical condition is affected by her mental and emotional status. Whenever she becomes anxious and rushed, her body produces

a certain pattern of reactions. This shows that focusing too much on sorrow has physical implication on the informant as well.

In short, “shidu” groups are vulnerable to the emotional status of grief, and this affects their mood, their mind and their attitude to life in general. It may also affect their physical condition as well. Such sadness is easily triggered by an object reminding of the lost child, a particular scene where child and family is involved, or a special occasion such as public festivals. The intensity of such emotional pouring out can be extremely high. Close attention are to be paid in such periods of time by service providers and actions taken accordingly.

5.4 Family function needs restoration

Besides suffering from severe personal grief, “shidu” parents also seem to be faced with the problem of dysfunctional family, in particular between the bereaved couples themselves. As introduced earlier, Chinese parents live for their children. A son or a daughter represents everything the parents have hoped for, and parents derive the same meaning of their life from their children. Therefore, they often made huge sacrifice for their child, eg., investing in the child’s education, for their future life depend upon it. As now one key family member is gone, who used to be a key holding the parents together, “shidu” couples have difficulty keeping the core family together or maintaining their marriage relationship as they used to.

In the case of Mrs Zhang, her marriage fell apart after she lost her daughter to heart attack. Her husband divorced her shortly after their daughter’s death. For her, on top of the tragic loss of her beloved daughter, she has to bear the pain of being divorced and facing the unknown future alone. To make things worse, her daughter left behind a small girl, which becomes Mrs Zhang’s responsibility now. Without a male figure in the household and a husband to share the pain and provide support, Mrs Zhang’s life is without doubt devastated.

As for another informant Mrs Qin, whose marriage survived the loss of the only child, she had issue with her husband as well. Due to differences in characters, beliefs and personal resilience, Mrs Qin responds to her daughter's death differently from her husband. As she herself puts it:

“Meanwhile, an important job of mine is to talk my husband round, you know, sometimes he feels too distressed, and I help him take a lighter view.”

Here the informant's husband handles the grief less well, and therefore the wife takes the role of helping her husband think more positively. Apparently, the couple's communication was affected by their daughter's death, and it changed the contents of their conversation and the way they communicate with each other.

From the side of the service providers, the same pattern is observed:

“Moreover, these “shidu” couples generally show low self esteem, closure to self, anxiety, and remorse over the past, there is little exchange between spouses.”

The caseworkers notice the problem of there being little communication between “shidu” spouses. Thus, they came up with several solutions to address this issue:

“In order to further emotional exchange and mutual support, old “shidu” couples are given some new homework: such as doing grocery and cooking together, accompany each other for a walk for half an hour.”

Here the solution social workers come up with is to encourage the old “shidu” parents to spend more time together on a daily basis. As a result, the old couples will potentially have more face to face time talking to each other, and running errands together helps both get their mind off the heavy topic of loss.

Additionally, to help the “shidu” couples' mind not linger on their loss, the service provider team come up with another plan to facilitate in this direction:

“Green color warming my hear”, through giving green plants as gifts, enables old people to achieve emotional displacement through growing bonsai. Volunteers and clients growing plants together increases mutual emotional exchange, and “good child” plays its role as family member.”

Here social workers are adopting a new strategy to help bereaved couples increase

emotional exchange. The plan is to give them a gift of bonsai and ask them to take care of it. In effect, this strategy gathers the couples' attention on the life of a new organism; thus, their mind will have less pressure concentrating on their child loss. As they water the plant, nurture it, and watch it grow, it enables them to have a sense of achievement, as if they are the plant's parents. Also, while caring for the plant together, the couple has a common topic to discuss about aside from touching the topic of their child. When volunteer is involved as paired "good child", "shidu" parents have more opportunity to interact with others, and the empty spot their dead child left is filled by plant and the volunteers; therefore the family function is to some extent restored.

To sum up, the "shidu" households need to deal with the difficulty of family function restoration. This entails not only increasing meaningful communication between the spouses, but also requires something or someone else to refill the emptiness caused by their child's death.

5.5 People "shidu" group can relate to

From my conversations with the "shidu" families, one commonality I learnt is that there are few groups of people they can truly relate to or identify with. Due to their special experience of losing child, "shidu" parents are ill at ease talking to people who have not walked in their shoes.

According to the words of informant Mrs Qin,

"It's easier for me to relate to people who have gone through hardships (eg, losing husband or child or parent). I feel it's easier for me to truly understand how they feel, what is going through their mind."

From her words the "shidu" mother is saying that she finds it easier to relate to people who have lost a family member. The reason is because "shidu" parents have went through similar experiences: they can understand how those people truly feel or think, and therefore they are able to communicate with them and deal with them easily.

From this answer we may deduce that “shidu” parents expect the same ability, ie’, the ability to truly understand how they feel, what they think and why they behave a certain way, from the people who are trying to approach and help them.

To put this into perspective, Mrs Qin brought up several examples to illustrate what this means:

“One of the women I helped before, her husband died, and her son was in a different city. Whenever I went to visit her, I would always go alone, without taking my husband. I was worried that her feelings might be evoked if she saw me come as a couple. So I always go alone. You can say my tragic experience of losing child gives me a window to understand the heart of people who lost a member of their beloved. Afterward, this woman’s son came back, and she wanted to take her son to visit me. I refused politely. Then the sister text messaged me saying I understand you. Though it’s a very short message, I was feeling much comfort and very moved.”

In this short story the informant is showing consideration of sensitivity to the woman who lost her husband. Realizing that seeing another couple together may arouse sad feelings for her, the informant always went by herself when she visited the bereaved wife. The informant learnt it from her own experience that people who suffered from losing a family member will become emotional at seeing others family being whole. Thus, her own experience, like she said, gave her a window to understanding the heart of people who also suffered from family member loss. In turn, when the bereaved wife wanted to bring her son to visit the informant, she was reluctant by refusing in a polite way, as it will evoke her feelings. Then the lady sent the informant a short message, I understand you, which brought the informant much comfort. Both are understanding each other on the same level and thus the short sentence “I understand you” explains it all. The wife was showing sensitivity that she understands why the informant refused her visit with her son, and the informant was appreciating the sensitivity. For others, this may seem insignificant, but to them such sensitivity means a great deal and that is what makes it easy for them to connect with each other.

Correspondingly, the community workers and social workers are aware of this and consciously use it in their service strategies:

“Wuxi Puji Public Welfare Organization, sometimes would launch activities for special vulnerable groups, such as the parentless, parents with disabled child, widows, etc, and in activities like these, we will bring the “shidu” group to be with them together. It creates an environment for them to huddle for comfort.”

The service providers are consciously bringing “shidu” group to be together with other vulnerable groups, so that they can create comfort for each other as they can understand each other better due to similar life experiences. Such group work builds up an environment that “shidu” families can feel comfortable and willing to share their feelings and emotions.

Also, within their same community administration, the community workers and caseworkers would occasionally invite “shidu” families for public activities, such as making dumplings together, organizing traveling trip, etc. Such initiatives help one “shidu” family get to know about another “shidu” family. It sees some positive effects in the lives of “shidu” parents:

“Now they have established a mutual help network. Before they were isolated from each other, and it was difficult for them to find and know each other. But through these programs they managed to come together, know each other and warm each other.”

Here through group work and public activities, “shidu” parents are able to meet with other parents who also went through the pain of losing their only child. As they share the same experiences, they are able to understand each other’s feelings and know how to communicate and bring comfort to each other. They begin to warm each other.

In conclusion, it is easier for “shidu” parents to relate to people who had similar experiences than those who have never walked in their shoes. They are more comfortable being approached or surrounded by people who have also lost an only child or a beloved family member. This is because similar experiences enable them to truly understand how each other feel, what they are thinking and how they behave.

They are also able to be sensitive about each other's emotions and know what to avoid in dealing with each other. Caseworkers are advised to keep this in mind in their service with "shidu" parents. It will bring positive changes to "shidu" families' lives as it create comfortable and safe environment for the "shidu" group.

5.6 Socialization

As pointed out earlier, "shidu" families tend to be difficult for others to approach. Thus, it is not uncommon for the "shidu" parents to isolate themselves from others. Here let us take a closer look at how their socialization was affected by their loss and the conditions of their social life.

First off, "shidu" families are not at all socially active. They are reluctant to socialize with other people.

According to Mrs Zhang, she is unwilling to go out and meet with others:

"I rarely go out the house, because I am unfamiliar with the people living here. I do not feel like meeting with others. The neighbor living upstairs invites me to sit by. But I don't like going there."

"When meeting with others, they all know your only child has passed away. They want to comfort you. But I am afraid to touch the topic (of child and death). It will evoke my sad feelings."

Using the informant's words, she does not feel like meeting with other people. Even if her neighbors invite her over, she still stays mostly in her own house. The reasoning behind it is that she cannot avoid the topic of child and death from others, and she does not want to talk about it as it sets off her emotional mine.

Similarly, another informant Mrs Qin, is ill at ease showing in public:

"I am afraid to show up in a crowd (of my acquaintances), and bring all their attention and gaze to me...I am unwilling to show in public."

"When I was attending church, other believers asked me to go unto the stage and sing with others. But I said no. I didn't want people to look at me on the stage and say, look, that sister lost her only child, what a tragedy!"

Here the “shidu” parent is saying she is afraid to be standing in front of people, even of the people she already know. The reason she gave is that she wants to avoid drawing their attention. When others fix their eyes and attention on her, she feels unease. This makes her feel as if those people are looking at her with pity.

Also, being in public may expose “shidu” parents to scenes that can easily evoke their sense of grief, and thus they avoid showing in public. Mrs Qin gave us a further example:

“When I was taking the bus in the evening, I saw many old people picking up their grandchildren from school, and these kids sat right beside me. The first few years when my daughter was gone, whenever I was on the bus at a scene like that, I would avoid and got off the bus immediately. It was just too much for me!”

Here in the scenario of inside a bus, which is a very common scene in public life, the “shidu” mother is experiencing something that nearly tears her apart. Seeing other senior citizens sitting with their grand kids right after school reminds her of her child’s death. It simply is overwhelming for her emotionally and pushes her to the point of leaving the bus. In this the grief process is making it difficult for “shidu” parents to lead normal public life.

Secondly, “shidu” parents are shying away from their acquaintances because they were misunderstood or hurt by their comments or behavior.

For informant Mrs Qin who is a Christian, she is describing her dilemma both with her non-Christian associations and with her friends from church.

“When my non-christian relatives come by, we couldn’t have a heart-to-heart chat; When my believer friends come to visit me, at times they can also hurt me. Relatives and friends don’t understand my behavior sometimes, they think I am wild; When I meet brothers and sisters from church, I will be cautious. And I will avoid some people because I was hurt by their unintended words or response before.”

Directly from these words it shows that the informant is having a hard time dealing with her non-Christian relatives and her Christian friends. With the former she gets

misunderstood and cannot communicate on a deeper, more spiritual level, and with the latter she receives unintentional hurt by their comments or responses. To explain what she means, the informant mentions a few real life examples:

“Relatives and friends don’t understand my behavior sometimes, they think I am weird. For example, my relatives’ child gets married, and they invite me to the banquet. In my heart I don’t want to go, because I am afraid circumstances like that will evoke my sad feelings. So I tell my relatives, I’m sorry but I will not come, here’s my gift money please accept it. But they tell me, unless you come to attend the wedding ceremony, we will not take your gift money. I was torn at that. I feel awkward and I can’t have a good choice. I was hurt by their response but I tried to understand them. Really I don’t know whether to laugh or cry.”

Through this story the informant is telling her experience of a dilemma caused by misunderstanding between her relatives and herself. She was unwilling to go to a scene like another person’s child’s marriage banquet as it evokes her feelings. However, her relatives did not realize this and refuse to receive her gift money unless she comes to the party. This situation makes the informant feel awkward and she cannot decide which to choose. The origin of this dilemma is the relatives’ failure to recognize that the informant is uncomfortable in a young person’s wedding ceremony as it reminds her childless condition and evokes her sad feelings. Due to this lack of understanding, the relatives regard the informant’s refusal as impolite and thus refuse to take gift from her. The informant was sorry that she could not attend the wedding, but then was hurt again by the relatives’ gesture toward her. Misunderstanding as such leads to the “shidu” family lacking motivation to socialize with their acquaintances.

Thirdly, “shidu” families are distancing themselves from others based on how they perceive or feel about others’ action toward them. When bereaved parents think the people caring for them are not genuine, they will disregard their care at all. For instance, Mrs Zhang makes this comment when talking about how she thinks about care from her relatives:

“Every now and then, your kins and relatives come to visit you. But it’s just a

friendly gesture. It's impossible for them to care for you genuinely, as they have their own family individually."

"Only God can understand what we are going through. Man cannot help you. If you rely on sisters or brothers, well, they all have their own families, and they will not take it as serious business to care for you. It's only that they come to your house and see how you are doing, this is not genuine. Eventually it's best to depend on yourself. When you rely on God, he will be by your side 365 days all year around, comforting you. It's meaningless to count on man. Most likely the intentions of man are not genuine."

Through these words the informant is expressing a sense of suspicion regarding her relatives intention of visiting and helping her. She does not trust that they will genuinely care for her and their actions are just out of friendly will. Further she compares the comfort given by religion with that given by men. It seems the informant has lost hope in getting comfort from man but fully depend on her faith. It seems the informant is expecting deeper comfort and richer connection from her kins and relatives. But in reality this only stay on a superficial level. Also, the informant seems to hold the idea that others will not care for her genuinely as they have their own families to care about. This way of thinking holds her back from expecting genuine care from relatives as well.

Similarly, in the aforementioned Mrs Qin case, she is consciously drawing back from her Christian and non-Christian friends alike because of getting misunderstood or hurt from them. Even though the informant is showing understanding that her acquaintances are ignorant of how she thinks and feels, keeping a distance from others seems to be best to protect themselves from further hurt.

Thus, in response to these social difficulties facing "shidu" families, professional practitioners come up with methods to help them rebuild their social networks.

"Social workers provide "shidu" elders with envelopes, letter papers, postcards and postage stamps, and encourage them to communicate more frequently with their relatives and friends; meanwhile, they create address book for project

members to strengthen exchange within “shidu” group. To our comfort, caseworkers, supervisors and volunteers often receive postcards from “shidu” elders. This reflects that there is good relationship established between the project team and “shidu” clients.”

Here the caseworkers are using creative ways to help “shidu” elders rebuild their social networks. By supplying them with envelopes, letters and stamps, the service providers create opportunities for “shidu” group to share themselves and keep contact with their friends and relatives as well as the helper team. Some of their thoughts and feelings may be hard to express in spoken form but easier to write down. Also, among the “shidu” group, there is a contact book facilitated by social workers. In this way, they can contact each other more conveniently and help develop a mutual support within the group.

“Organize family birthday parties. Caseworkers and volunteers hold group birthday parties for “shidu” elders. The venues are set in order and give a pleasant feel. Without prior notice, “shidu” parents are surprised with birthday parties and feel touched in their heart. Everyone makes by hand birthday cards and gives them to each other, passing on good wishes. Ai Xin Jia Yuan is like a big family, where for over a year “shidu” elders harvest love, movement, and hope.”

Here the social workers are creating birthday parties for “shidu” families. It is one of the common events for general public to socialize and develop relationships. By the surprise birthday parties thrown for them, the “shidu” group are reminded that there are people caring for them. In an environment they feel comfortable, a virtual family network is created. This helps rebuild their confidence in socialization.

In short, with regard to socialization, “shidu” families are facing a few challenges: They are reluctant to meet other people and show in public. They are also purposefully isolating from others, afraid of getting misunderstood or hurt. In addition, based on how they perceive others’ motivations of helping them or responses toward them, “shidu” families are keeping a distance from other people. In order to help them

relieve their social struggles, measures should be taken to create opportunities to strengthen communication between “shidu” group and other people. Such communication are to be kept in a warm environment that they feel safe and comfortable to handle.

5.7 Sensitive subtle mindset

A last common characteristic observed from the informants’ replies is that they seem to possess a somewhat subtle, sensitive mindset. More specifically, it is a seemingly paradoxical attitude toward receiving care and comfort from others. On one hand, they are hoping for love, care and encouragement from others. As Mrs Qin put it:

“I hope there would come an individual or social group, whether youth or middle aged, to care and help special groups like us.”

“I hope to hear words of hope and encouragement.”

From these plain comments, obviously, there is a longing in the informant’s heart for hope and encouragement from others. There is a need for care and love from people around them.

But in the same time, the informant has some demands on the kind of care and support they want to receive. In response to my question “what in your opinion can help “shidu’ group in the biggest ways”, the informant gave the following comment:

“I hope to hear words of hope and encouragement, rather than words of sympathy and pity.”

“Careful love. Heart is touched by heart, honesty is the best policy.”

Here the informant is saying that she does not want words of sympathy and pity from others, even though she longs for hope and encouragement. From what we find earlier about “shidu” group’s socialization, sympathy and pity from others only remind them of their tragedy and make them feel embarrassed and uncomfortable. As for the notion of careful love, the informant did not give me a definition as to what it means, but she gave me some examples of it:

“A sister from living in Canada called me every day comforting me after learning the news that my daughter passed away.”

“A doctor at the hospital, understands my feelings that I desperately want a second child, agrees to do health check for me, to see if I can conceive again. Others might have laughed at me for the idea because I am over the age. But this doctor understands what I am feeling and my expectation as a mother. That means a lot to me.”

“When my daughter left, one of her previous classmates sent me a text message. It was Mother’s Day. And the classmate addressed me as “Mama”. I was so touched that I cried the whole way through reading that message.”

From these examples we may get a glimpse of what careful love means. First of all, it has to be genuine and “shidu” parents have to feel it that way. Secondly, it understands or thinks from the “shidu” parents’ perspectives, regardless of how strange it may seem. Thirdly, it manifests in small deeds of actions by showing sensitivity toward “shidu” parents’ feelings and emotions.

On the other hand, despite their longing for words of hope, encouragement and careful love, “shidu” parents are hesitating or retreating from pursuing in the same direction.

“On behalf of myself, and on behalf of the special group of “shidu” population, I just want to make two comments. First, we would like the outsiders(people who are not “shidu”) to give us more understanding. For instance, my sister would invite me for dinner occasionally. But because my dietary habit is different from them, and it’s hard to find common topics with non-Christians, I said I didn’t want to go. So my sister asked me, but you have already walked out of the shadows, haven’t you? I was very irritated at her saying like that. I replied, I don’t want to come, because I don’t want to come. It’s not because I have not walked out of the shadows (of my daughter’s death). These are two irrelevant things.”

“When you approach this special group of population, you need to show more respect for them, and think from their perspectives. If accidentally you hurt them for the first time, whether you did it consciously or unconsciously, it would be very difficult to for you to approach them the second time. Because once people

have gone through the pain of losing a child, they do not want to get any kind of hurt again. If they get hurt after losing their child, they would close themselves, and wrap up their hearts, just like a hedgehog would use their quilled skin to cover themselves from any harm.”

Here the informant is making some long comments. What she is saying is that she expects more understanding and respect from outsiders. The example she gave showed how she was irritated by her sister's insensitive comment connecting her refusal to dinner with her failure to moving on from her daughter's death. In the next paragraph the informant gave the clear explanations. The “shidu” families are a group of people that are very sensitive and vulnerable. Since they have already undergone tremendous unimaginable pain of losing all hope and dreams embodied in their lost child, any second hurt is an unbearable blow. If hurt again, they will retreat as a way of protecting themselves from further hurt. The best approach and solution to help must be based on the principle of showing understanding and respect for them and thinking from their perspective. This sounds easy to follow but in reality can be difficult to achieve, because not everyone around the “shidu” family is aware of the significance of this point. Unconsciously, they may by accident hurt the “shidu” parents' feelings and it prevents the bereaved parents from wanting to meet with them again. Thus, it seems fit for service providers to bridge this gap of understanding between the “shidu” group and the outsiders.

To sum up, the special experience of losing a child forged in “shidu” parents a subtle sensitive mindset. They longer for expression of care and encouragement from others, but in the mean time they hesitate to reach for help or intentionally retreat from any kind contact. This paradoxical mentality can be tricky and stand in the way of them integrating into communities and societies and hurdle their social networks. Means are to be found to help outsiders have more knowledge about what “shidu” parents really need. Such common ground will help “shidu” families become more open receiving love and care from outside and helps them in the direction of moving on in their lives.

CHAPTER 6 DISCUSSIONS

Following the previous chapter, this chapter seeks to explore further on the topics that have emerged from the informants' answers. It will compare findings from the data with relevant theoretical perspectives. Also the researcher's personal reflection will be included. The aim is to achieve a deeper understanding and gain further knowledge about the study phenomenon.

6.1 Identity crisis under cultural and social microscope

In the previous chapter, from the empirical data and my observation, it is found that "shidu" families are having difficulty sharing their loss of only child. For one thing, they are feeling uncomfortable talking about this topic, especially to people who they do not know very well. Whenever the subject of child, death or loss comes up, they will shy away from the topic, or show reluctance to talk about it. The topic of loss is like a taboo to them. For another, after the bereaved parents trust you enough to finally open up to you, they are having difficulty articulating their experiences of loss. Their account is more unspoken than verbal. Even so, the intensity of sadness is huge.

At first, I understand this unwillingness to share to be a result of my position in the project. On one hand, the informants do not trust me very well, because I am to them a total stranger. Normally people do not share private memories with and expose their emotions to people they do not trust. On the other hand, as a researcher, the topic that I want them to talk about is a sensitive subject, because it is related to death and loss of a loved one. It is something traumatic. It costs them emotionally to talk about such sensitive topic.

But later on as I talk with the service providers, it surprises me to learn that they are having a hard time approaching the "shidu" parents as well. In my thinking, I thought these people are doing help work by profession; therefore, their position is to help others, which means, "shidu" parents should trust them, as they will benefit from their services. Besides, most of them are working in the communities, where the clients live, so they might be familiar with each other already. However, according to the accounts

given by community workers and caseworkers, it is difficult for them to establish contact and trust with “shidu” families, and they need to use indirect, subtle means to approach the “shidu” clients.

So I thought to myself, there must be something significant about the loss of “shidu” parents that makes it extremely difficult for them to share it with anyone. I want to understand the reason behind this. More specifically, I want to understand the meaning of such loss from the perspective of “shidu” parents.

Looking at the answers given by my informants, *“heart-broken”*, *“feeling despair”*, *“nothing to hope for”*, *“no one to count on”*, *“it’s so hard to live on my own”*, it suggests that they are traumatized by their loss. More specifically, they are hurt by this experience, they have lost their hope, and they have nobody to rely on in the future. From the way they expressed it, it shows the degree of such emotional distress is intense. But such short explanation cannot fully justify why “shidu” parents behave the way they do.

According to his theory on family and identity loss, Weigert, A.J. (1977) suggests that the loss of a significant other is to be understood as loss of an important personal identity. He conceptualizes identity loss as the destruction or denial of a particular, meaningful, and positively affective self-other bond that has constituted a central personal identity for self. When a family member passes away, a self experiences not only the loss of the deceased family member, but also of that part of self embodied in the concrete identity constituted by the relationship with the deceased. The death of a daughter means not only losing the present identity as “Mary’s mom”, but also the destruction of a biographical future involving self as parent and potential grandparent. To put this into perspective, for “shidu” parents, when they lose their only child, they lose their personal identity as parent (father or mother) and as potential grand-parent. Such loss of identity is irreplaceable, because as the child is gone, the parent-child relationship is no more, there is no more concrete interactional mutuality that can support the mutual identities. Thus, the loss of only child means a crisis of identity loss on an individual level for “shidu” parents.

Bernstein, J. R. (1997) articulates in his book that the impact of the death of a child reaches beyond the individual members to profoundly affect the family as a whole. To the family, the death signifies the loss of hopes, dreams, relationships and a once-cohesive family unit. To illustrate this point, I feel it is better to understand it within China's unique social, economic and cultural context.

In Chinese culture, children plays a significant role. Having children makes a family complete, and having grand-kids is what every grandparent wishes for. Nothing portrays a perfect picture of elderly life better than enjoying the gathering of your children and grandchildren by the same table. In contrast, being childless means failing to carry on the family line. It is a sign of bad luck on the household and a disgrace on the name of the family. In fact, there is an old saying that goes: “不孝有三，无后为大”，in English it translates, “*There are three ways to be unfilial, having no sons is the worst*”. This saying suggests that having no son or daughter is conceived as utter disrespect for one's ancestors. So for “shidu” parents, loss of only child means they failed their role of extending the family line, and the daunting fate of spending old age alone - with no children to care for them and no grandchildren to cheer them up. This usually evokes feelings of low self esteem and envy. As one informant says, “*I have a sense of inferiority. I feel that I am a failing mother*”. Equally important is the role of children in their parents' elderly life. Traditionally, Chinese parents look to their children for care when they become old in age. There is a saying that goes “养儿防老”，in English it translates, “*to bring up children for the purpose of being looked after in old age*”. This saying suggests that while parents take the responsibility of bring up their sons and daughters, children are expected to be responsible for the well-being of their parents in their old age. This means that children is parents' hope and reliable source of care when their hair turn grey. Also, because of the one - child policy, the majority of Chinese families have only one child. Thus, the only child becomes the only hope for his or her parents in that particular family. Unlike western societies where the state has robust welfare for the elderly, the pension system and provision of elderly care in China is still not as developed and fall

short to cover the needs of senior citizens. When the only child dies, the old parents virtually has no other reliable sources for elderly care. It is not only in terms of finance, but also entails permanent loss of a particular figure that truly shows care for the old parents, come to them, spend time with me, make them feel the love of family. Thus, death of the only child carries significant meanings for the “shidu” family: Their hopes and dreams in this life are crushed; relationships within the family are disrupted; the only reliable source of old age support is cut off; and the cohesive family unit is no more.

Adding to understanding about the complexity within bereaved families, Detmer, C. and Lamberti, J. (1991) discussed interaction patterns within families. They argue that families, apart from existing as a whole, exists as a sub-parts. Taking as an example, in a nuclear family of three the father and the son is a dual that exists as a sub-level within the family system. This sub level exists in a meaningful way in and of itself. Imagine the father and the son have a tradition of shopping together for the mother. The trip is a ritual for the father/ son dual and provides meaningful interaction among these two members. As the son is dead, the father not only grieves his loss of a son, but also grieves over the loss of their sub-level and the meaningful activities that existed within it. In the case of “shidu” families, the same can be said for both the father and the mother, as there will be activities and memories that are exclusive to father-son or mother-son relationship. When the child is gone, the “shidu” father or mother will experience a change of lifestyle and will need to come to terms with their loss in relations to the sub-level interaction within the family system.

To conclude, the loss of only child carries significant and deep meanings for “shidu” parents. When the only child passes away, in addition to experiencing loss of the deceased child, “shidu” parents also suffer from loss of part of personal identity of self, i.e., their fatherhood, motherhood, or grandparenthood. On the family level, the loss of child means profound changes. Under China’s social and cultural environment, such loss means failing to carry on the family line, never being able to enjoy an ideal senior life, and loss of the only reliable source of elderly care. Additionally, each

“shidu” parent also suffers the pain of losing an interactional past with the deceased child. Therefore, it is not difficult to understand why “shidu” parents are unwilling to talk about their experiences of loss. It is emotionally disturbing and extremely painful to talk about this topic. It arouses their emotions of sadness, despair, sense of inferiority and shame. Also, because such loss has complicated cultural and social implications, it is difficult for “shidu” parents to articulate their experiences of loss.

6.2 Grief too much to bear and its implications

One of the key themes discovered in the previous chapter is “shidu” parents’ unhealthy obsession with sorrow. The lingering thought of child loss occupies their mind, evoking tremendous depth of sadness. Apart from causing emotional vulnerability, such emphasis on sorrow affects other areas of their being as well, including the way they think, how they experience lives and their physical conditions.

When examining this topic, my first impression of this symptom is that it involves a range of complex emotions. As shown from the data, there is missing of the dead child who is no longer there, exemplified by Mrs Zhang’s illusion of her daughter at home again; there is the temporary happiness of sweet memory and the ensuing sense of emptiness, in the case of Mrs Qin happily remembering her daughter playing the piano and then crushed by the discrepancy between memory and reality; also, there is the feeling of jealousy, regret and guilt, as displayed in the examples of Mrs Qin set off by a scene of another mother playing with her baby; last but not least, there is the feeling of loneliness, which is easily triggered during times and occasions where family are supposed to be united. Evidently, there are a number of different emotions involved aside from a depth of sadness.

Secondly, I notice that such sorrow can be easily triggered by an object reminding parents of the lost child, a particular scene where family and child is involved, or a special occasion such as family holiday. To look at this from a different angle, such sorrow is a response that “shidu” parents have toward an outside force or factor.

A third observation is that such response goes beyond the emotional realms as more is

involved. For instance, in the case of Mrs Zhang, her physical condition is affected by focusing too much on sorrow as her heart rate will jump and her blood pressure will rise quickly. Also, as informed by the service providers, “shidu” parents do not participate in community activities, and they spend time alone during family holidays, an occasion which caseworkers pay particular attention to. So, obviously, there is physical and social aspect involved as well.

So how are we to understand such symptoms observed from the participants’ accounts? While going through the literature on emotions, I find relevant explanations from the sociology of emotions of grief.

After looking at various study on social constructions of grief, Charmaz, K and Melinda J. (2006) defined grief as the subjective emotional response to loss with mental, physical and social manifestations. It consists of the person’s distressing subjective feeling and physical sensations that emerge in response to loss. There is a correlation between terms of this sociological definition on grief and my findings on the emotional symptom from the participants’ data. Thus, it is relevant to use this theoretical perspective to deepen our understanding of the issue at hand.

There are a few characteristics attributed to grief.

First, grief range in strength from weak to intense. When grief is weak, a person will experience unsettled mixed feeling of sadness, regret and anxiety. Intense grief, however, elicits considerable mental and physical distress; it is a searing disruption that not only inundates the bereaved person’s emotions but also destabilizes his or her life and self. (Charmaz, K., 1977) Reflecting on the data with this understanding, the grief “shidu” parents are experiencing mostly tilts to the intense side of the spectrum. Having mental illusion picture of a decreased person at home, and the thought of suicide caused by overwhelming emotional sorrow all shows the intensity of grief for “shidu” parents is significant. Actually quoting the words from the informant, nothing hurts more than grief elicited by the loss of only child, *“Because once people have gone through the pain of losing a child, they do not want to get any kind of hurt*

again.”

Experiencing intense sorrow combined with other feelings makes grief a complex emotion. In addition to the depth of sorrow typically attributed to it, which can be easily observed from the data, grief encompasses other emotions and feelings, including uncontrollable feelings of shock, disbelief, numbness, overwhelming sorrow, and suffering may alternate with fear, remorse, anger, anxiety, depression and be punctuated with moments of envy, self-pity, relief and shame. Some of these emotions mentioned are observed from the data, while others are not. But due to the limited number of informants in this study, and the universality of human emotional experiences, such explanation can be utilized to help understand what are the typical feelings that “shidu” parents might be experiencing, and thus inform the service providers to come up with responsive approach accordingly.

Also, from the sociological explanation on grief, one key characteristic is that grief lasts. What is meant by this is that grief reemerges and floods the person- again and again for moments, hours, and days. Pining and searching for the deceased are common responses. From the case examples, their experiences of grief are happening on a regular or daily basis, whether it be aroused by their child’s personal belongings, photo, instrument, etc., or by a scene like old adults with their grandchildren on a bus. Unless the bereaved parents put away all the stuff of their deceased child, or hide from the public altogether, their grief is ready to be evoked at one point or another, from couple of minutes to weeks after week.

Additionally, intense grief causes persistent suffering. The survivor feels that nothing will ease the pain. Consistent with other life disruptions, the survivor’s world has irrevocably changed (Becker, 1997), yet the deceased remains present in consciousness and expectation despite his or her irrevocable physical absence. As Parkes (2000, p.326) states, grief “*arises from an awareness of a discrepancy between the world that is and the world that should be*”. My understanding of this point is that grief will continue to exist and happen for a long time. The origin of this is the

constant awareness of the difference between an ideal world with their child in it and the reality where their child is no more. Despite physical absence of the only child, in the minds and consciousness of “shidu” parents, their child never went away. Their expectation and memory of the child will continue to be existent. The remedy to this situation is probably for the bereaved parents to make reconciliation between the world that is and the world that should be. Otherwise, grief will continue to be a theme in their lives, even though some of the feelings included in it will fade over time.

Finally, on the part of grief’s physical implication, results from sociological studies show how a person’s physical condition can be affected. Apart from the heart rate speeding and blood pressure rising in the case example, the turmoil of intense grief includes disquieting somatic changes such as loss of appetite, disturbed sleep, feelings of weakness, feeling disoriented and experiencing difficulty in concentrating, breathing and talking. Although not every symptom is manifested in the data of this study, knowledge about them can inform professional practitioners and prepare them for relevant solutions. For instance, one caseworker told me how she dealt with a situation where the client has no appetite, *“Once we went to a “shidu” household a second time, and we noticed the apples we brought to them as a gift last time was still on the table and untouched. Understanding that sorrow may have affected their appetite, I purposefully asked the parent, don’t you like apples? She replied, no, I don’t feel like eating it. I then said, well, apple is my favorite fruit, if you will not eat it, I will eat it. Then I told her that you need to take care of yourself. Your daughter would have wanted you to.”*

In summary, grief is a resounding theme for “shidu” parents in their life experiences. Sociological perspective on grief gives us comprehensive knowledge on how to understand grief over a deceased family member. It not only entails the complex emotional aspects, but also manifest itself in the parents’ social life and physical condition. Grief cripples “shidu” parents emotionally and makes them vulnerable to

various exterior stimulants, such as an object reminding of the deceased child, a particular scene or special period of time. Understanding of grief from sociological perspective can prepare social workers and other professional helpers for the various emotions and reactions “shidu” parents will experience in their life. An important goal of the grief work is to help parents bridge the gap between their ideal world and the reality. Such reconciliation is essential for “shidu” families to get through the loss of their only child.

6.3 Socialization problem and its origins

From the findings chapter a notable theme in “shidu” families’ life experiences is their socialization. More specifically, they are faced with a number of challenges in this regard: To begin with, “shidu” parents are not socially active and they are reluctant to meet with other people. Secondly, “shidu” parents are gradually shying away from their old connections. Last, “shidu” parents are keeping a distance from others based on their perception of others’ action toward them. As a result, “shidu” parents are often found in a situation of social isolation, and without enough social support, it is extremely difficult for them to get over the loss of only child.

As I seek to understand the socially awkward situation for “shidu” parents and what poses challenges for them to socialize with others, their own explanation gives me some ideas.

On the topic of their reluctance to meet with other people, one informant suggests that her unwillingness to socialize is because of the topic of conversation. *“When meeting with others, they all know your only child has passed away. They want to comfort you. But I am afraid to touch the topic of child and death. It will evoke my sad feelings”*. As established earlier, loss of only child is a taboo to “shidu” parents. It makes them uncomfortable to talk about such topic, and if socialization means they have to go over the sensitive issue again, they would rather stay to themselves. Similarly, another informant expresses that she is afraid of standing in front of people, as it will bring attention from them. *“I didn’t want people to look at me and say, look, that sister lost*

her only child, what a tragedy!” Here rather than say the informant is afraid of people, we can say she is actually afraid of people’s attitude toward her, especially pity, which causes her embarrassment and sense of inferiority to others. Also, when showing in public, it is unavoidable that “shidu” parents will come across scenes that are challenging for them, such as seeing other adults walking with their kids, etc. Scenes like this will evoke their sorrow and it overpowers them emotionally.

On the topic of shying away from old acquaintances, “shidu” parents’ reason is that they were misunderstood or hurt by their connection’s comments or behavior. From the informants’ stories, often they find themselves in a dilemma caused by misunderstanding between others and them. Case in example, Mrs Qin is unwilling to attend her relatives’ son’s wedding as scene like that evokes her sad feelings. However, her relative did not realize this and refused to take her gift money unless she comes to the party. The origin of the dilemma is the relative’s failure to recognize the informant’s true feelings, and the relative’s insensitivity makes the informant feel hurt. Consequently, such misunderstanding and hurt decreases “shidu” family’s motivation to socialize with their acquaintances.

On the topic of “shidu” parents’ perception of others’ action toward them, their response is based on their judgment on others’ motivation and behavior. In the case of Mrs Zhang, she believes that her relatives’ visits are not genuine care but only out of friendly gesture. Comparing the comfort she receives from her kins and that from her religion, her relatives’ comfort are staying on a superficial level. In fact, the informant is expecting a deeper comfort and richer connection from her kins and relatives, but in reality this is not so. Also, the idea that since others have their own family they will not genuinely care for her also holds the informant back from receiving care from relatives.

Apart from these explanation from the informant’s own constructions, there is also clarification from the theory of identity loss that adds understanding to this problem.

Lofland (1982) states that attachments exist in the threads of connection shared with other people. By losing the person, however, the survivor loses more than the shared attachment per se; he or she also loses the part of self reflected by this attachment. The broken thread of connection means that the survivor faces the following kinds of loss: a role partner, a private self, links to other people and social networks, a source of affirmation and trust. Subsequently, loss of this individual shakens or shatters the self as well as the structure of everyday life. To put this into perspective, child is an important thread that connects parents with others in their existential life, for example, when sitting with other adult parents the conversation usually will turn to each other's child; parents go out and interact with others to buy things for their children. Now that the only child is dead, this thread that connects "shidu" parents to other people is cut off; thus, their socialization becomes troublesome and difficult.

Raphael (1983), in a compilation of her research and theory in bereavement, described family as a system having relationships with each of the inner parts of the system (family members) and with the outside systems (community and society). When one of the system is missing, all of the relationships are affected. From this perspective, "shidu" family can be seen as a system that interacts with both the inner family (parents and only child) and the outside community and society. Since now the only child is gone, the relationship of the family with its members and with the outside world is affected. Thus, the socialization of "shidu" family is disturbed.

In a nutshell, socialization is a huge part of "shidu" parents' life that require attention and support. Due to their child-loss experience, "shidu" parents are not voluntarily motivated to socialize with others. From the empirical data it is found out that they are reluctant to meet other people, they are intentionally drawing back from their acquaintances, and they interact with others based on how they perceive others' gesture toward them, which usually end up in self closure. The reasons for such socially awkward situation includes avoiding sensitive topic of child loss with others, getting misunderstanding and hurt from others, and personal interpretation of others'

intention of helping them, plus the thread of connection to others, namely, their child, being cut off.

6.4 Sensitive/ subtle/ exquisite mindset

From the findings a common mindset is observed among “shidu” parents. It is subtle, sensitive and exquisite. More precisely, it is a paradoxical attitude toward receiving comfort and care from others. On one hand, they long for love, comfort and encouragement from outsiders; on the other hand, however, they are reluctant to socialize, afraid to stand in crowd, and tightly close to themselves. Such contradictory mindset is a theme that emerges from the informants’ answers. It seems quite peculiar, thus I find it interesting to investigate more about this phenomenon.

According to the data, informants are conveying that they long for “*an individual or social group, whether youth or middle aged, to care and help special groups like us*”, and they hope to “*hear words of encouragement and hope*”. If we stop at here, then it seems the “shidu” families are readily willing to accept assistance from outside. However, it follows that the informants also mention some expectations regarding the kind of comfort and help they want to receive. According to the informant’s construction, the “shidu” group need a “*careful love*”. Based on the examples given the interviewee, for comfort and help to become “*careful love*” it needs to meet these standards: First, it has to be sincere and “shidu” parents have to feel it that way. Secondly, it understands or thinks from the “shidu” parents’ perspectives, regardless of how strange it may seem. Thirdly, it manifests in small deeds of actions by showing sensitivity toward “shidu” parents’ feelings and emotions. Because this concept of “*careful love*” is directly constructed from the informant’s voice, it requires attention from the service providers to convert it into service strategies.

On the other side of the spectrum, strangely, “shidu” parents are hesitating or retreating from pursuing in the same direction. They close to themselves, hesitate to reach out for help or simply avoid any kind of contact with others. What is a reasonable explanation for this?

According to “shidu” informant, losing the only child is an exclusive experience, unapprehensible to people who have never experienced it. Such experience affects the “shidu” parents greatly and shapes their thinking and behavior in a certain way.

To start off, a common theme for “shidu” parents is grief and sadness. The degree of such pain is immeasurable. Not only are they attacked by the feeling of heart-brokenness, but also they will need to face despair. To add to this is fear and concern over the future days. Thus, “shidu” parents are extremely vulnerable in their emotional status. This has implications on two dimensions.

First, they are in need of comfort and love from others. Sincere care and encouraging words can go a long way. Even if there is no word, a silent company will mean a great deal to them; secondly, they already are chewing tremendous pain in their chest, therefore they do not want to get any kind of hurt again.

As a consequence, it is not difficult to understand the subtle sensitive aspect. “Shidu” parents do need comfort and love. Sincerity is the best policy to approach them. If genuine and honest care is felt, they will really appreciate it. However, they do not want attention out of pity. As they lost their only child, it means the only support and hope for their future is gone. Because of this, they feel inferior to others to some degree. They sense themselves are a bit lower than other families. Therefore, if they feel others are looking at them with pity, it really embarrasses them and they will want to escape it. The outsiders, unaware of this, think their friendly gesture is more than ever needed by “shidu” people, and become a little over protective or aggressive. Such attitude shy “shidu” parents away rather than comfort them.

On the other hand, due to their special experiences, “shidu” parents have new thoughts about concepts that non- “shidu” people may take for granted. For instance, the concept of “be buried and rest” is deeply rooted in the Chinese funeral culture. According to this traditional thinking, the ash bones of the dead are supposed to be buried under the ground so the deceased can rest in peace. But some “shidu” parents think otherwise. They place the ash bones of their child at home, so they can still have

a sense of their child being around. Or, they do this just because they do not care about the funeral arrangements and tradition any more. The outsiders, unconscious of this, harshly impose their will on the “shidu” father or mother, regarding their behavior as wild. Such misunderstanding and judgmental attitude bring “shidu” parents great hurt. We mention that “shidu” parents already endure tremendous pain, they do not want to be hurt again. Thus, when they are actually experiencing hurt again, they will want to protect themselves from further hurt, either by closing themselves, or avoiding contact with certain people. Therefore, closure or avoidance in such cases can be seen as a mechanism “shidu” parents build to protect themselves from further pain. The more further hurt they experience, the closer they will keep to themselves.

In light of these two aspects, we may say that the subtle mindset of “shidu” parents is, in effect, a production of their unique experience and their interaction with the outsiders. The tragedy of losing only child makes “shidu” families emotionally vulnerable. They are in great need of care and comfort, but they also do not want to be seen or treated as any less. The outsiders, not understanding how “shidu” parents feel and think, harshly push their actions, based upon their ideas about their “shidu” peers. As a result, misunderstanding is caused, hurt is made, and the “shidu” choose the alternative of closure and avoidance.

Now it is not hard to understand why the interviewee expressed desire for “careful love” - a kind of care that does not shift to the left or the right side of the spectrum, but of the moderate amount. Make the “shidu” feel esteemed and warmed but with respect and dignity. To achieve this, an understanding of how the “shidu” group thinks need to precede any action toward them, and such knowledge needs to be spread and shared with the non- “shidu” group.

6.5 Social work approach to work with “shidu” families

In the findings chapter I purposefully included the opinions of service providers to complement the data from the clients’ perspective, and I have to admit that I was

pleasantly surprised by some of the approaches used by the caseworkers that I interviewed. I am amazed not only by the fact that these approaches are very creative and original, but also because of their relevance to meet what client needs and its effectiveness.

Case in example, in response to “shidu” parents’ concern over old age, the social work team comes up with the plan that pairing a volunteer with each “shidu” family, the volunteer being “shidu”parents’ *“good child”*. This strategy is based on the realization that “shidu” group’s concern about old life not only resides in financial support, but also, and probably more importantly, requires a mental and spiritual care from a particular figure. As these chosen volunteers are in communication with the “shidu” families frequently, the bereaved parents have a stable someone to replace their lost child as sole carer for them, visiting them, talking to them and showing personal care.

Another instance, in order to help “shidu” couples get their mind off grief, the service providers give them green bonsai as gift. In the process of growing bonsai together with volunteers, “shidu” parents achieve emotional displacement unconsciously, and there is increased emotional exchange between volunteers and clients. Meanwhile, the “shidu” couples have a common interest and topic that does not involve sensitive words such as child, death, etc. It helps improve the communication between the spouses as they support each other.

One more example, to help with “shidu” parents’ social difficulties, the social workers provide parents with letter sheets, envelopes and stamps, to encourage “shidu” parents to write to the workers, their friends and families. This strategy creates opportunities for the clients to share themselves with their connections, and the traditional way of letters can help convey unspoken or hard-to-express feelings in written forms. Also, a contact book is established among the “shidu” group, so it becomes more convenient for them to contact each other and build a mutual support network within the group.

These examples all show that the strategies used by service providers are in correlation with the clients' actual needs. Their form is original and creative.

Reading through the existent literature on social approach toward bereaved parents, the goal of bereavement work is often defined as moving a bereaved parent from a state of denial and disorganization to a position where they can continue on with their life.(Queensland, 2006) Traditionally, clinical interventions informed by psychological and psychiatric theorists such as Freud (1957), Bowlby (1980) and Klein (1984) take the view that grief should be resolved and is achieved by successful detachment from the deceased. Modern theories on grief, however, stresses to recognize the intensity and the special and unique features surrounding the loss of a child. Gibbons (1992) said that the death of a child was a crisis for the family and that each family member must come to terms with the loss and then toward eventual family adaption. The new emphasis on parental bereavement lies in the concept of “continuing bonds” with their deceased child. According to principles described in more recent theories of parental grief, a multidimensional approach is needed, including individual work, couple work, family work, encouragement and resources of self-help, facilitation of support groups, and community education.

Thus, it is suggested that a comprehensive approach be taken in the services for “shidu” families. The caseworkers should help bereaved parents make sense of the meaning of their loss. When they are affected by grief, the social workers are to give them emotional support. Attention also needs to be paid to family restoration, where the the empty spot left by the lost child needs to be refilled, and couple work is involved. Initiation is to be taken to facilitate the formation of mutual help group within “shidu” families. The service providers are also advised to bridge the gap of understanding between the “shidu” groups and the outside community and society.

CHAPTER 7 CONCLUSION AND FURTHER REMARKS

This study has attempted to describe and analyze the emotional and social difficulties facing “shidu” parents who are in the aftermath of their child loss. First it gathers the ideas and opinions of the bereaved parents, in respect to their daily life experiences. It explores the meaning of child loss to them, how they interact with others, what are their actual needs regarding support, and so on. Meanwhile the study also gathers ideas and opinions from the service providers, including social workers, community workers and folk philanthropists. The aim of including this aspect is to complement the data from the client’s perspective, and it gives a richer context to understand the topic under study. With services providers their voice is collected on how their observations on the “shidu” families, what kind of services are in place, and the challenging issues for them in their work.

The study used several theories to understand and analyze the findings. The family and identity theory is used to shed light on the meaning of child loss to “shidu” families. The sociological perspective on grief provides understanding on the common emotions and responses bereaved parents will have, and the characteristics of the grief process for “shidu” families. Social work approach to bereavement work helps with reflection on ways of intervention in service to the “shidu” clients.

7.1 Conclusions

In this thesis I have attempted to understand the emotional and social difficulties of “shidu” families in their transition into new social life. The findings of the study are highlighted here:

First, “shidu” parents are emotionally disturbed by their loss of only child. The intensity of such distress is huge and it is hard to articulate such loss by words. “shidu” parents treat their loss as a taboo, which they refuse to talk about with anyone, because the death of the only child carries deep and significant meanings for the

bereaved parents. It means the experience of losing part of important personal identity and an interactional past with the deceased; under China's particular cultural and social context, the loss means failing to carry on the family name, being unable to live an ideal senior life and loss of the only reliable source of elderly care. "shidu" parents choose to absorb their emotional grief by themselves. This makes it difficult to approach them, which poses challenges for those who are trying to help them.

Secondly, "shidu" families are particularly concerned about their life in old age. This anxiety not only resides in the lack of financial stability, but also includes the lack of a mental and spiritual care which carries more significance for them. Therefore, ways are to be found to provide stable elderly care economically and spiritually, relieve their anxiety over senior care, and follow up on health conditions.

Thirdly, "shidu" parents are vulnerable to the the emotional status of grief. Grief not only entails the complex emotional aspects, but also manifest itself in the parents' social life and physical condition. Grief cripples "shidu" parents emotionally and makes them vulnerable to various exterior stimulants, such as an object reminding of the deceased child, a particular scene or special period of time. An important goal of the grief work is to help parents bridge the gap between their ideal world and the reality. Such reconciliation is essential for "shidu" families to get through the loss of their only child.

Fourth, "shidu" households are faced with the challenge of restoring family functions. The death of the child left a hole in the family, which needs to be refilled by an external someone or something. Also it is challenging for "shidu" couples to provide support for each other. Their emotional exchange and communication mechanism need to be strengthened.

Fifth, "shidu" parents are not voluntarily motivated to socialize with others because of their child-loss experience. They are reluctant to meet other people, intentionally drawing back from their acquaintances, and they interact with others based on how they perceive others' gesture toward them, which usually end up in self closure. The

reasons for such socially awkward situation includes avoiding sensitive topic of child loss with others, getting misunderstanding and hurt from others, and personal interpretation of others' intention of helping them, plus the thread of connection to others, namely, their child, being cut off. It is difficult for them to relate to people who had similar experiences. Caseworkers are suggested to facilitate the development of mutual help groups among "shidu" population.

Sixth, the unique experience of losing an only child forges in "shidu" parents a subtle sensitive mindset. On one hand, they long for love, comfort and encouragement from outsiders; on the other hand, they are reluctant to socialize, afraid to stand in crowd, and tightly close to themselves. This subtle mindset of "shidu" parents is a production of their unique experience and their interaction with the outsiders. They have an expressed desire for "careful love" - a kind of care that makes the "shidu" feel esteemed and warmed but with respect and dignity. To achieve this, an understanding of how the "shidu" group thinks need to precede any action toward them, and such knowledge needs to be spread and shared with the non- "shidu" group.

Last, to help "shidu" families walk out of their loss, social workers are advised to adopt a comprehensive approach that corresponds with the needs of the bereaved parents. This involves helping the parents make sense of their loss, restoring the family function, providing emotional support, encouraging spouses communication, connecting "shidu" families and building up mutual help groups, and integrating "shidu" group with communities by bridging the gap of understandings between the two.

7.2 Further exploration

Further exploration on the topic of "shidu" families can revolve around a few issues.

First, it is worth exploring the issue of gender difference between "shidu" spouses in their response to the grief process. It would be interesting to see if there are

differences of grief reactions and social adaption between mothers and fathers. This may inform the practitioners to view each parent as an individual as well as see them as a couple.

Also worth further investigation is how to use different approaches when dealing with “shidu” parents with a third generation and those without. Within the “shidu” group there are variations: single “shidu” parent (parents divorced after child death), “shidu” parents with a third generation left by the lost only child. Situations in reality can be more complex and different kinds of families required individualized attention and tailored approach.

Last but not least, there is also interest in exploring the roles of social workers in bridging the gap of understanding between “shidu” group and the outsiders. This may involve community work that integrates “shidu” families to better integrate into society life.

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Appendix 1 : Letter to parents explaining the interview

Dear sir/ Madam,

My name is Haiming Jiang. I am a social work master student from University of Nordland. Currently I am writing my thesis on the topic of “shidu” parents in China. The aim of this study is to find out what challenges are facing “shidu” parents emotionally and socially in the aftermath of their loss of only child. The results of the study hopefully will provide insight on how public services, especially social work, can help and better serve the population of “shidu” families.

To facilitate this pursuit, I need to interview 10-15 “shidu” families as my informants. The purpose of the interview is to find out the life experiences of emotional and social difficulties facing “shidu” parents in relation to their social transition. Hereby I ask for your permission and cooperation to take part in my interviews.

The interviews will last approximately one hour. Venue for carrying out the interview can be your home or other places you see fit. The interview will be based on an interview guide prepared beforehand. The majority of the questions will be open questions.

During the interview I will need to take notes of your account. And if possible, with your permission, I will need to record our conversation with a recording device. To ensure your confidence and anonymity, any information that may trace back to you will be altered, and as soon as I finish analyzing the data the recorded information will be destroyed.

Thank you again for your attention and I anticipate your participation.

Best,

Haiming Jiang

Appendix 2 : Interview Guide

采访单子

Key words: experiences, needs, reality, adaption

1. Demographic information (age, single or couple, social class, when the child was born, when/how the child was lost, etc.)

首先，简单了解一下你的个人信息。（年龄、是否结婚、职业、孩子什么时候出生、孩子去世的原因等）

2. Please tell me about your daily life in general.

能不能和我简要描述一下您的生活。（工作、聚会、社交等）

3. Please tell me about your child.

请跟我讲一下你的孩子 XX。

4. What does the loss of only child mean to you?

对你来说，XX 的离去意味着什么？

5. How has the feeling of sadness affecting your life?

这种悲伤的感觉对你的生活有什么影响？

6. What do you do when you feel like you couldn't handle the pain?

当你感觉无法压制住心痛的时候，你会做些什么？

7. Do you blame anyone for the loss of your child?

在你心里对 XX 的离世你有没有责怪谁？

8. What have you done to alleviate the feeling of heartbreaking and not reminding yourself of the loss?

你通过做什么来缓解情绪上的悲痛，使自己不再一直想着这件事？

9. How has the loss affected your social life? (How is your relationship with friends and relatives? Who do you talk to most often now?)

丧子之痛对你的社交生活有何影响？你和朋友亲戚的关系如何？你和谁交流最多？

10. Do you find it easy or difficult to talk and relate to others who are not in your shoes?

对你来说，跟没有经历你相同遭遇的人交流与共鸣，你觉得容易还是困难？

11. Who are you most grateful for giving comfort and condolence after the accident?

在 XX 离世之后，给你提供安慰和吊唁的人中，你最感激的是谁？

12. To what extent do you feel you have walked out of the incident? What helped?/

What was the biggest struggle?

在多大程度上你感觉自己已经从这个经历中走出来了？谁或者什么给你的帮助最大？你最大的挣扎或困难是什么？

13. In your opinion what kind of help or people can assist you in biggest ways?

在你看来什么样的帮助或者什么样的人能给你提供最大的帮助？

14. What kind of public services are present in your life? What sort of compensations did you get if any from the government? How do you find such compensations?

你生活中有没有使用任何社会公共的服务，比如社区或者政府提供的服务或帮助？你从政府那有没有得到什么补助？你对这种补助有何看法？

15. Are you part of any “shidu” group or organizations?

你是否归属于某个失独者或失独家庭的社团或组织？你是否认识其他与你有着共同遭遇的家庭，和他们联系如何？

16. Try to draw a map of the support networks of “shidu” families

17. Are there differences in the degree of social adaption from a gender perspective?(husband vs wife)

18. In case the informants refuses to answer certain questions, sincerely ask them to explain why they don't want to talk about it, or why they don't want to talk about it with me.

如果被采访者拒绝回答某些问题，真诚地邀请他们解释一下问什么不愿意提起，后者为什么不愿意和我说起。