

2017

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Recommended Citation

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“Our Only Child Has Died”—A Study of Bereaved Older Chinese Parents

**Yongqiang Zheng, Thomas R. Lawson,
and Barbara Anderson Head**

Abstract

Long and complicated grief is a relevant factor contributing to the deterioration of the older adults' later life quality. In China, the unintentional consequence of the one-child policy has emerged. There, the group of older adults who lost their only child is called shiduers. The current study compared 42 older adults who lost their only child to 33 older adults who have a child, in term of their physical and mental health, and social support. The results confirmed the general deteriorating trend in those aspects of the bereaved Chinese parents' life after their only child's death. The results also revealed the impairments on the shiduers' physical, mental, and social aspects were significant, compared to the clinical diagnosis cutoff points used in Western countries. Unique policy and cultural characteristics are the main factors contributing to the severe impairment of shiduers. Results have implications for policy advocacy and practice intervention in specific cultural environments.

Keywords

one-child policy, older adults, grief, shiduers

Introduction

In the 1970s, China chose to adopt an extreme measure of birth control, known as the family planning or one-child policy, as a means to slow population growth

in the most populated country in the world. This policy is not without serious consequences including the risk of losing one's only child, particularly for older parents who are beyond the age of childbearing. The issues faced by families losing their only adult child emerged recently as those who complied with the policy decades ago are now in their fifties and aging with grief. Those people who lost their only child have been labeled as shiduers (失独者). The usage of the word shiduers is fairly new in China, like many other words such as *dushengzi* (独生子女), meaning the only child, shiduers is referred to a particular group of people in the context of the one-child policy.

In China, children are seen as their older parents' main caregivers; this is not only a cultural principle but also a legal responsibility. The death of the only child for these families often means the termination of their main source of caregiving, as well as financial and social support, as they age. While exact numbers of shiduers are not available, estimates vary from 1 to 10 million. Based on the average death rate and total population of persons age 15 to 30, it is estimated that there will be 76,000 new shiduer families nationwide per year (National Health Department of the People's Republic of China, 2010).

Because this is a recent phenomenon, there has been little research focused on this important and growing group. Studies performed in western countries have demonstrated that the death of a child results in a significantly higher intensity of grief than the death of a spouse or a parent and often leads to complicated grief (Maercker, & Znoj, 2010; Wing, Burge-Callaway, Rose Clance, & Armistead, 2001). Unresolved grief has been shown to contribute to worse physical and mental health (Lannen, Wolfe, Prigerson, Onelov, & Kreicbergs, 2008). Intensity of parental bereavement may be prolonged; parents grieving for as long as 20 years over the loss of a young child had similar scores on a grief inventory as did parents who had lost a child in the past 3 months to 2 years (Neidig & Dalgas-Pelish, 1991). While Western studies of parental bereavement provide some significant insights and theoretical perspectives for understanding bereaved parents, the perspective of a cultural and policy context is unique to shiduers since their experience is embedded in the structure of Chinese society.

The goal of this article is to explore shiduers' postloss world through a comparative study of shiduers and nonshiduers; the physical, mental, and social support attributes of the shiduers will be described and compared with counterparts who have a living child.

Background

Grief is the usual reaction to loss; it is defined as "a primarily emotional reaction to the loss of a loved one through death. It incorporates diverse psychological (cognitive, social-behavioral) and physical (physiological-somatic) manifestations" (Stroebe, Hansson, Stroebe, & Schut, 2001, p. 6). Research has repeatedly shown that the experience of bereavement leads to chronic depression in

approximately 10% to 15% of people (Hensley, 2006). About 10% to 20% of bereaved individuals continue to suffer from prolonged grief symptoms for several years, then develop a debilitating reaction called complicated grief (Bonanno, 2004; Prigerson et al., 1999). Symptoms of complicated grief include intense grief with longing, yearning, and pining that persists for at least 6 months. Patients also report bitterness and anger and an inability to accept the death. Although complicated grief shares some features with major depression, it is distinct from depression (Prigerson et al., 1995a) and posttraumatic stress disorder (PTSD) (Shear et al., 2011).

The death of a child is seen as the most challenging and traumatic loss (Engelkemeyer & Marwit, 2008); when compared with the death of a spouse or a sibling, parental bereavement is more distressful (Moore, 2007). Research found that losing a child is associated with higher risk of developing complicated grief (Kersting, Brähler, Glaesmer, & Wagner, 2011), and bereaved parents showed higher level of complicated grief than persons who were diagnosed with complicated grief due to other types of losses (Zetumer et al., 2014).

Research studies have documented the significant impact of grief on the physical and mental health of bereaved parents. Bereaved parents are at higher risk for sleep difficulties, increased physician visits (Lannen et al., 2008), having cancer, and being hospitalized (Li, Laursen, Precht, Olsen, & Mortensen, 2005). A 20-year longitudinal research study of 6,284 Israeli parents who lost an adult child in an accident or in war found a significant increase in deaths from cancers (Levav, Friedlander, Kark, & Peritz, 1988). The loss of hope and control made it hard for parents to carry out personal functions in daily activities (Barrera et al., 2007). A more recent study conducted on older Jewish persons in Israel found that bereaved older parents were significantly lonelier and manifested lower levels of cognitive functioning and instrumental activities (Instrumental Activities of Daily Living scale [IADL]) than did nonbereaved parents (Cohen-Mansfield, Shmotkin, Malkinson, Bartur, & Hazan, 2013). Severe depression has been found to be prevalent among parents who lost their child due to an earthquake (Cao et al., 2013). Literature suggests that parents' depression increases as the age of the deceased child increased (Meij et al., 2008). For elderly individuals, the greatly decreased social support following bereavement has been shown to be related to decrements in their physical health (Rodin, 1986).

Literature also suggests a gender difference in grieving. Women generally develop more depressive disorders than men in response to a loss (Cao et al., 2013; Meij et al., 2008). They are particularly vulnerable to blame and guilt after a child's death because of their protective roles (Walsh & McGoldrick, 2004). Women who grieve engage in more risk taking behavior (i.e., substance abuse, suicidal action) compared with men (Parkes, 2001). Research has found mothers who lost their child unexpectedly or due to unnatural reasons had the greatest

increase in mortality during the first 3 years of bereavement (Li, Precht, Mortensen, & Olsen, 2003).

Literature consistently suggests that social support outside the immediate family serves as the key element in helping bereaved parents overcome the difficulties of adjustment and cope with the loss of the child (Cacciatore, 2010; Riches, & Dawson, 1996). However, the loss of a child can be expected to lead to a fall in status, and a decline in status produces loss of interest in social life (Price, 1967). Research found that bereaved parents' perception of social support from friends or family were lower than they expected (Toller, 2008). They not only experienced social isolation but also deliberately isolated themselves from human relationships after the child's death (Aho, Tarkka, Åstedt-Kurki, & Kaunonen, 2009) because communicating about their child's death is often difficult (Toller, 2008) and can be hurtful and stigmatizing (Riches & Dawson, 1996). Research indicates that peer support groups can be effective for bereaved parents in terms of ventilating feelings and thoughts and validating the normalcy of their reactions (Heiney, Ruffin, & Goon-Johnson, 1995).

This background research provides a basic understanding of the impact of parental loss and a foundation for exploring the unique experience of Chinese parents who outlive their only child. On the basis of these findings, we hypothesized that shiduers would have worse daily functioning, less social support, increased depression, and more complicated grief than Chinese parents whose only child was living.

Methods

Design

A quasi-experimental posttest only design, comparing nonequivalent groups (shiduers, nonshiduers) was used.

Sampling

A nonprobabilistic convenience sampling method was used for the study. Participants were recruited from two groups, nonshiduers and shiduers (those who have lost their only child). Shiduers were recruited via several online shiduers support groups (失独者QQ群). These are informal internet communities organized by older adults for information exchange and emotional support. People in these groups use a screen name instead of their real name. Nonshiduer participants were recruited from older adults who attended seven local senior community centers in Jinan City, Shandong Province in China. For the purposes of this study, both shiduers and nonshiduers were beyond childbearing age which is conventionally set at 50 and beyond.

An introduction letter was posted to these Internet groups online and in the participating senior community centers asking potential participants to contact the investigator by internet or phone. At that time, the potential participants contacted the investigator, the study would be explained in greater detail, and they would be invited to participate. A consent form was read to those who participated by telephone or explained to the participants face-to-face. Once the consent was secured, a telephone or face-to-face interview was arranged according to the participant's situation. The study was reviewed and approved by the Human Subjects Protection Program at the University of Louisville.

Participants met the following criteria:

1. Men between the ages of 50 to 55 and women between the ages of 50 to 53. This was based on the fact that China's general birth control policy was turned into a strictly one-child policy nationwide in 1980. The legal age of marriage for men is 22 and for women 20 years; therefore, those who complied with the policy would be in these age-groups according to gender.
2. Had strictly complied with the one-child policy during their childbearing years and had only one child.
3. If they had lost their only child, the loss has to be over 6 months ago. (Those who lost their child in the last 6 months were not included based on the assumption that they are still in a highly intense stage of bereavement.)

A total of 99 participants met the study criteria. Of these, 75 completed the entire set of surveys: 42 shiduer participants (56%) and 33 nonshiduer participants (44%). Those who were unable to complete all survey instruments were shiduers who became upset or emotional and chose to end their participation. This speaks to the distress of parents who had lost their only child.

Variables

Demographics. Demographic variables are age (in years), gender, marital status, employment status, family registered type (a person's family registered type is based on the permanent address [urban or rural]), time of the child's death, reason for the child's death, education of the parent rated on a scale from 1 (*lower than high school*) to 4 (*higher than college*), and monthly income (in Yuan).

Dependent variables. Daily functioning, depression, complicated grief, and social support were the dependent variables upon which the two groups were compared. Instrumentation of each of the variables is explained below:

Instrumental Activities of Daily Living scale. The IADL measures daily functioning, such as meal preparation, shopping errands, laundry,

and transportation. It has been widely used and accepted. Ferrucci et al. (1993) found that it had a highly reliable internal consistency (Cronbach's $\alpha = 0.87$). Chiu and the colleague's study (Chiu et al., 1997) indicated that the IADL measure has been translated and successfully used in the Chinese cultural environment (Cronbach's $\alpha = 0.93$).

Geriatric Depression Scale. The Geriatric Depression Scale (GDS)-15 is a 15-item scale which measures depression in older adults. Hoyle et al. (1999) found that the scale had high internal consistency (Cronbach's α of 0.80), sensitivity at 0.97, and specificity at 0.85. This geriatric depression measure has been translated and used widely in China. The Chinese version GDS was validated with a psychiatric outpatient sample (Chan, 1996). The sensitivity was 0.71, specificity was 0.70, internal consistency reliability was 0.89, and the test-retest reliability was 0.85.

Inventory of Complicated Grief. The Inventory of Complicated Grief (ICG) assesses complicated grief by measuring a distinct cluster of symptoms that have been found to predict long-term behavioral dysfunction. Prigerson and colleagues (1995b) developed and tested this 19-item inventory with 97 bereaved adult men and women. Exploratory factor analysis indicated that the ICG measured a single underlying construct of complicated grief. High internal consistency (Cronbach's α coefficient of 0.92–0.94) and test-retest reliability estimates (0.80) were obtained. No evidence in the literature was found indicating that this scale had been translated into Chinese or been used in the context of Chinese culture. The first author translated the ICG into Chinese and had it reviewed by two individual reviewers, fluent in both English and Chinese.

Lubben Social Network Scale. The Lubben Social Network Scale (LSNS) is used to assess the level of social support available to older adults in their current life situation. This scale has been translated into Chinese, widely used and validated among Chinese older adults with a Cronbach's α of 0.71 (Chi & Boey, 1993).

Statistical Analysis Plan

Analyses were conducted using IBM Statistical Package for Social Sciences version 20.0 for Windows. Descriptive statistical methods were used to evaluate sociodemographic characteristics. Baseline demographics between two groups were compared using chi square and *t* tests. A *p* value below .05 was considered statistically significant. Mann-Whitney *U* test was employed for a comparison of clinical characteristics between the shiduer and nonshiduer groups. Because of the small sample size and the purpose of comparing group differences, logistic regression was not used in the analysis.

Results

Descriptive statistics are presented in Table 1. An independent sample *t* test revealed no significant difference between shiduers and nonshiduers for age ($t_{(73)} = -1.43, p = .16$) and personal monthly income ($t_{(73)} = -0.73, p = .47$). Chi-square test revealed no significant difference between shiduers and nonshiduers for gender ($\chi^2 = 1.95, p = .16$) and employment status ($\chi^2 = 0.40, p = .53$). However, education ($\chi^2 = 8.16, p = .02$) was significantly higher in the shiduers group than nonshiduers. Fisher's exact test revealed a significant statistical difference for marital status ($p = .016$); the shiduers group had more divorced people (16.7%) than the nonshiduers group (0.0%); difference for family registered residence type was not significant ($p = 1.00$).

The difference between the two groups in term of instrumental activities of daily living, geriatric depression, complicated grief, and social network were tested using the Mann–Whitney *U* test. Results revealed significant differences on these measurements between the groups. On the IADL, shiduers (MR = 31.40) showed significantly less independence in daily living ($U = 416.00, p = .001$) compared with nonshiduers (MR = 46.39). On the GDS, shiduers (MR = 53.50) had a significantly ($U = 42.00, p = .001$) higher level of depression compared with nonshiduers (MR = 18.27). With respect to ICG, shiduers (MR = 53.14) experienced significantly more complicated grief ($U = 57.00, p = .001$) compared with nonshiduers (MR = 18.37). On the LSNS, shiduers (MR = 25.20) had significantly smaller ($U = 155.50, p = .001$) social networks or fewer social supports compared with nonshiduers (MR = 54.29; see Table 2).

There was a significant difference between men and women on ICG measurement ($U = 258.50, p = .01$), indicating that women (MR = 41.19) in this study showed higher level of complicated grief compared to men (MR = 25.23). There were no statistical significance between men and women in term of IADL, GDS, and LSNS. When the comparison between genders was conducted within each group the results indicated some differences. Women in nonshiduers group showed a significantly higher level of complicated grief on ICG measurement ($U = 43.50, p = .01$) compared with men in nonshiduers group. This result is consistent with the comparison between women and men in overall participants in this study. However, men and women in the shiduers group showed no significant difference on ICG, indicating shiduers have higher complicated grief level in spite of their gender. Since this study only had a few men ($n = 6$) in the shiduers group, the gender differences on other measurements were not significant. But the trends revealed that women in the shiduers group had higher level of depression and a smaller social support network, compared with men who are shiduers.

Clinical cutoff points are used to help clinicians screen for certain conditions. In this study, we compared the cutoff points to the mean score of participants in

Table 1. Demographic Statistics for Shiduers Group and Nonshiduers Group.

	Shiduers group <i>n</i> = 42		Nonshiduers group <i>n</i> = 33		
	<i>N</i>	%(of those responding)	<i>N</i>	%(of those responding)	<i>p</i> value
Gender					
Male	6	14.3	9	27.3	$\chi^2 = 1.95$.16
Female	36	85.7	24	72.7	
Education					
Lower than high school	6	14.3	14	33.3	$\chi^2 = 8.16$.02
High school	25	59.5	11	24.2	
College	11	26.2	8	24.2	
Employment status					
Retired	25	59.5	22	66.7	$\chi^2 = 0.40$.53
Others	17	40.5	11	33.3	
Family registered type					
Urban	39	92.9	30	85.3	Fisher's exact = 1.00
Rural	3	7.1	3	14.7	
Marital status					
Married	35	83.3	31	93.9	Fisher's exact = 0.016
Divorced	7	16.7	0	0	
Age		<i>M</i> (<i>SD</i>)		<i>M</i> (<i>SD</i>)	<i>t</i>
					<i>p</i>
		51.02(2.23)		51.67 (1.49)	-1.43 0.17
Personal monthly income		2219.83(1270.45)		2436.36 (1274.22)	-0.73 0.47

Table 2. Shiduers Compared With Nonshiduers.

	Shiduers group Mean rank ^a	Nonshiduers group Mean rank	<i>U</i>	<i>p</i>
IADL	31.40	46.39	416.00	.001
DS	53.50	18.27	42.00	.001
ICG	53.14	18.73	57.00	.001
LSNS	25.20	54.29	155.50	.001

the shiduers group. The suggested cutoff point of the IADL is 7 for women and 4 for men (Falci, Brunello, & Monfardini, 2010), the shiduers' average points of IADL was 6.75 ($SD = 1.03$) for female and 6.67 ($SD = 1.48$) for male. The cutoff point for the GDS is 8 (Osborn, et al., 2002), while the shiduers' average points of GDS was 13.78 ($SD = 1.95$) in this study. The cutoff point for ICG is 25. Respondents with ICG scores > 25 are significantly more impaired in social, mental, and physical health functioning and in bodily pain than those with ICG scores ≤ 25 (Prigerson, et al., 1995b). The Shiduers' average score on the ICG was 54.00 ($SD = 12.28$). The LSNS cutoff point is 12 (Lubben et al., 2006), shiduers in this study had an average of 7.04 ($SD = 4.16$) on this scale.

Discussion

The purpose of the present study was to compare a specific group of bereaved parents, shiduers, to Chinese parents who did not lose their only child. The comparison was focused on measuring their physical functioning, depression, complicated grief, and social supports, using standardized measures, based on the theoretical assumption that the bereavement led to impairment in those aspects. The results of this study confirmed the fundamental hypothesis. Especially on a clinical level, when the cutoff points of each measurement were taken into consideration, results revealed that the impairments of shiduers' physical, mental, and social aspects was significant. In our study, the parents had grieved an average of 63.12 ($SD = 64.65$) months after the only child's death, approximately 5 years. The normal length of the grief process is considered to be 2 to 3 years (Rando, 1983); however, a study of bereaved parents showed a high portion of unresolved grief 4 to 9 years after loss (Lannen et al., 2008) which is consistent with our findings.

Our study results suggest that shiduers' grief may be more intense than that of grievors in other cultures or situations. A recent empirical study conducted on 157 bereaved parents found that fathers had mean ICG score of 24.99 ($SD = 9.76$) and mothers' average score was 30.58 ($SD = 11.22$; Keesee, Currier, & Neimeyer, 2008). The shiduers in our study showed significantly

increased severity of grief on the ICG; fathers' average score was 43.83 ($SD = 12.89$) and mothers' average score was 51.22 ($SD = 15.30$).

Certain unique factors impact the shiduers' physical and mental health, social support, and grief intensity after the only child's death. The first is the cultural stigmatization related to a child's death. Chinese culture categorizes the death of an adult child as a "bad" death because the death of children places the parents in a very painful situation literally translated as "the white headed witnesses the death of the black headed (白发人送黑发人)" (Chan, et al., 2005). Additionally, the death of children is a taboo subject associated with numerous superstitions and customs (Lee, 1997); the culture views the death of children as a result of karma (Chan et al., 2005).

The death of a child deprives Chinese parents of a continuation of their heredity. In Confucianism, the belief is that "having no posterity is extremely non-filial" (不孝有三无后为大); those who do not have a child are culturally stigmatized as "juehu" (绝户), which literally means those who are going to become extinct, simply because they failed to take the responsibility of passing on the family name of their ancestors. In addition, the dominant Confucian philosophy regards death as a negative event in life (Xu, 2007); it makes death a taboo topic which hinders acceptance of grief counseling or other forms of professional intervention.

This study found that the divorce rate in shiduers was higher than nonshiduers, and all the divorced participants were women (7). Four other shiduer women stated during the interviews that their husbands wanted to divorce them. While the study did not explore the reason for this phenomena, the increase rate of divorce among the women may result from the men's desire to remarry a younger woman of childbearing age in order to have another child.

Another factor that makes the shiduers' situation unique is that it is a consequence of the one-child policy. "China's one-child policy is probably the boldest and largest experiment in population control in the history of the world" (McLoughlin, 2005, p. 312). It changed not only the demographics of the country but also the behavior patterns of the people. Research indicated that parents in one-child families demonstrate "child-centeredness" significantly more than parents in multiple-child families: "one child parents were more likely to rank having one child as the most important aspect of their lives . . . to consider having a child a major life fulfillment, and to regard the child as the hope of their lives" (Chow & Zhao, 1996, p. 44). This could be the reason why parents who lose their only child appear to have a more difficult time (Dyregrov, Nordanger, & Dyregrov, 2003). The linkage between the single child policy and the severe pain of shiduer's grief was demonstrated through this study: Shiduers' pain is rooted in their love of the only child. Because "the pain of grief is . . . the price we pay for love, the cost of commitment" (Parkes, 2001, p.6).

Furthermore, the one-child policy was flawed from inception because it did not address the psychological and financial needs of shiduers, especially in late

life. In China, the family and kin system function as the main sources of social and financial support. This model of family members caring for the elderly has been enhanced through several legislative acts during the past 30 years. The Constitution of 1982 stresses the need for adult children to support elderly parents (Huang, 2003). The Marriage Law of 1980 reinforces children's obligations to care for aging parents (Palmer, 1995), and the Elderly Rights Protection Law of 1996 indicates that family care is the fundamental way of caring, and adult children, as main caregivers, have the responsibility to meet the mental health needs of the elderly. Through strengthening the general family care model, the Chinese government, unlike its counterparts in the Western world, successfully avoids the huge financial burden of providing care in the context of massive aging. However, the care and support needs of the parents who lost their only child have not been addressed within the present legal system. For shiduers, the death of the only child means not only a tremendous amount of grief and physical or psychological impairments but also the termination of culturally and legally expected financial and social support from the child.

Some legislation actually hinders the shiduers' access to needed health-care resources. According to the Medical Institution Regulations of 1994, medical institutions must access consent and signature from the patient's family or related person as guardian (The Central Government of the People's Republic of China, 2005). Hospitals and most nursing homes adhere to this prerequisite; therefore, those who do not have a guardian, like shiduers, could be rejected by hospitals or nursing homes when they need care.

A national system which provides assistance to shiduers is currently ineffective in China; since the one-child policy provides no legal basis for helping those who have lost their only child, shiduers are profoundly experiencing the unintended result of the policy. In other words, they are the victims of the one-child policy.

There are certain limitations to this study. It utilized a purposeful convenience sampling strategy that provided a limited number of cases for examination. Our shiduers group was recruited via the Internet, therefore, excluding older adults who do not use the Internet. The shiduers' higher education level compared with nonshiduers may be due to this recruitment method as those using the Internet may be more educated than the general population. Moreover, the small number of cases limited the application of more powerful analytic tools with more variables taken into consideration. These limitations should be addressed in future studies with a more rigorous design and a larger sample size.

Although this group of older parents who lost their only child is within the particular context of China, our findings suggest two important implications for similar parental bereavement outside China. First, developing culturally sensitive assessments and interventions is critical. Professionals working with bereaved parents need to be aware that the grief is rooted in a particular cultural, political, and historical context; therefore, close attention should be paid to the

bereaved person's beliefs and practices as well as the societal reaction to the loss. Second, in the context of global aging, the results highlight the importance of a long-term plan for the elderly which considers support for bereaved parents, as many older adults have often experienced the death of a child during their lifetime.

This study provides an initial exploration into the plight of shiduers to assist researchers in both Western and Eastern culture in better understanding shiduers. Every culture provides contexts that profoundly affect grief (Rosenblatt, 2008). Unlike their counterparts in the western world, shiduers, the bereaved Chinese parents, are not just mourning the loss of their only child but an identity for those who are stigmatized and victimized by the society in which they live. Being bereaved and grieving coupled with the oppression of being stigmatized and victimized characterize shiduers as a group. Their grief is embedded in their social, cultural, and political context, leading to exceptional needs in postloss life. Responding to their immediate needs, critically evaluating policy implications, and developing corrective measures are essential actions to address this critical social dilemma.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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