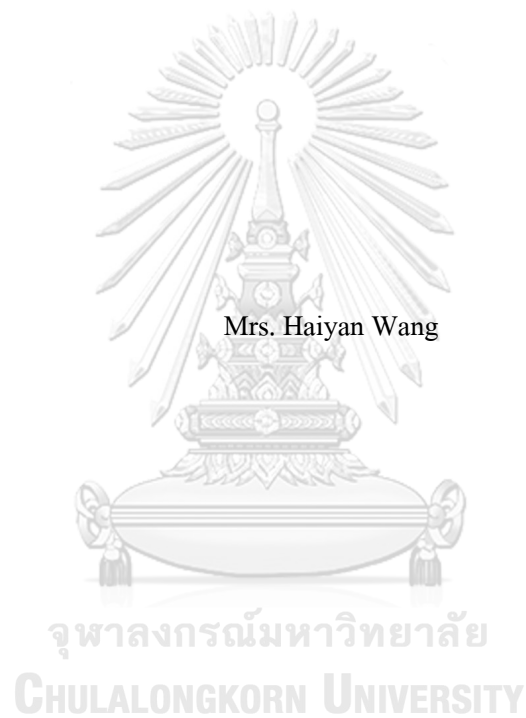


STRUGGLING TO LIVE A NEW NORMAL LIFE AMONG CHINESE WOMEN AFTER
LOSING THE ONLY CHILD



A Dissertation Submitted in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy in Nursing Science

Field of Study of Nursing Science

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การดีนรณที่จะมีชีวิตปกติใหม่ของผู้หญิงจีนภายหลังสูญเสียบุตรคนเดียว



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ไสยาน หวาง : การดิ้นรนที่จะมีชีวิตปกติใหม่ของผู้หญิงจีนภายหลังสูญเสียบุตรคนเดียว. (STRUGGLING TO LIVE A NEW NORMAL LIFE AMONG CHINESE WOMEN AFTER LOSING THE ONLY CHILD) อ.ที่ปรึกษาหลัก : รศ. ดร.วารากรณ์ ชัยวัฒน์, อ.ที่ปรึกษาร่วม : รศ. ดร.จินตนา ยูนิพันธุ์

การสูญเสียบุตรคนเดียวถือเป็นความหายนะในชีวิตของผู้หญิงจีน ซึ่งทำลายชีวิตและสุขภาพของผู้หญิงจีนในทุกมิติ อย่างไรก็ตามปัจจุบันยังไม่มีทฤษฎีหรือองค์ความรู้ที่เหมาะสมสำหรับใช้เป็นแนวทางในการปฏิบัติการพยาบาลผู้หญิงจีนเหล่านี้ งานวิจัยนี้จึงใช้วิธีการศึกษาเชิงคุณภาพแบบทฤษฎีฐานราก โดยใช้แนวคิดของเกลเซอร์ เพื่อได้มาซึ่งทฤษฎีเชิงเนื้อหาที่สามารถอธิบายกระบวนการดำรงชีวิตของผู้หญิงจีนภายหลังสูญเสียบุตรเพียงคนเดียว

การศึกษานี้มีผู้ให้ข้อมูลเป็นผู้หญิงจีนที่สูญเสียบุตรเพียงคนเดียวจำนวน 13 คน มีอายุระหว่าง 50 ถึง 68 ปี คัดเลือกกลุ่มตัวอย่างแบบเจาะจง แบบลูกโซ่ และใช้การเลือกตัวอย่างเชิงทฤษฎี เก็บข้อมูลโดยการสัมภาษณ์เชิงลึกร่วมกับการสังเกต และบันทึกภาคสนาม วิเคราะห์ข้อมูลโดยการวิเคราะห์เปรียบเทียบข้อมูลอย่างต่อเนื่อง และใช้โปรแกรม ATLAS.ti ในการวิเคราะห์ข้อมูลเชิงคุณภาพ

ผลการศึกษาพบว่า การดิ้นรนที่จะมีชีวิตปกติใหม่เป็นกระบวนการพื้นฐานทางสังคมของผู้หญิงจีนภายหลังการสูญเสียบุตรคนเดียว ประกอบด้วย 3 ระยะ ได้แก่ การมีชีวิตอยู่อย่างทุกข์ทรมาน (การสูญเสียสิ่งยึดเหนี่ยวของชีวิต และการจมอยู่ในความเศร้าโศกและความกลัว) การยอมรับสภาพความเป็นจริง (การยอมรับความสูญเสียและการควบคุมตนเอง) และการดำรงชีวิตในเส้นทางชีวิตใหม่ (การตราครีฑุบุตรที่เสียไปในความทรงจำด้วยความรัก การตั้งเป้าหมายชีวิตใหม่ และการสร้างชีวิตใหม่) ในการที่จะมีชีวิตปกติใหม่ซึ่งผู้หญิงแต่ละคนเป็นผู้กำหนดเองว่าคืออะไร ผู้หญิงจีนเหล่านี้ต้องใช้ความพยายามอย่างสูงตลอดจนสร้างกลยุทธ์มากมายเพื่อที่จะก้าวต่อไปได้ การได้รับการสนับสนุนจะช่วยกระตุ้นและทำให้ผู้หญิงจีนจัดการกับความสูญเสียได้ง่ายขึ้น อย่างไรก็ตามการเผชิญกับสิ่งกระตุ้นทางลบจะทำให้ผู้หญิงเหล่านี้ถอยกลับไปสู่ระยะแรกของกระบวนการอีกครั้ง จึงกล่าวได้ว่า ผู้หญิงจีนเหล่านี้ก้าวไปข้างหน้าและถอยหลังอยู่ในสามระยะของกระบวนการนี้

ทฤษฎีเชิงเนื้อหานี้ แสดงให้เห็นถึงองค์ความรู้ใหม่และข้อมูลเชิงลึกเกี่ยวกับกระบวนการดำรงชีวิตของผู้หญิงจีนภายหลังการสูญเสียบุตรคนเดียว ซึ่งสามารถนำไปใช้เป็นแนวทางในการพัฒนาการปฏิบัติการพยาบาลเพื่อช่วยในการจัดการกับการสูญเสียบุตรคนเดียวของผู้หญิงจีนต่อไป

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KEYWORD: CHINESE WOMEN, LOSING THE ONLY CHILD, GROUNDED THEORY, LIVING PROCESS

Haiyan Wang : STRUGGLING TO LIVE A NEW NORMAL LIFE AMONG CHINESE WOMEN AFTER LOSING THE ONLY CHILD. Advisor: Assoc. Prof. WARAPORN CHAIYAWAT, D.N.S. Co-advisor: Assoc. Prof. Jintana Yunibhand, Ph.D.

Losing the only child was a destructive disaster that had destroyed Chinese women's life and health in all dimensions. However, there is no suitable theory or knowledge to guide nursing practice to these women. This study, thus, employed Glaserian grounded theory to discover substantive theory on the living process of Chinese women after losing the only child.

Purposive sampling, snowball sampling, and theoretical sampling were used to recruited participants. Thirteen Chinese women who have lost the only child aged 50 to 68 years old recruited. Data were collected through in-depth interview, observation, and field notes. Data were analyzed by the constant comparative method concurrently with data collection. A qualitative data analysis program, namely ATLAS.ti, was used to facilitate data analysis.

Struggling to live a new normal life was emerged as the basic social process of Chinese women after losing the only child. It consists of three phases, living in agony (losing the life anchor and sinking in grief and fear), coming to term (accepting loss and self-controlling), being alive in a new way (treasuring the deceased only child, resetting life goals and reconstructing a new life). In order to live a new normal life, which participants defined it in their way; participants put much effort and developed various strategies to move forward. Receiving support motivates and facilitates these Chinese women to deal with the loss. However, whenever encountering adverse triggering situations would bring them back to the first phase. Then participants repeated the process. Therefore, Chinese women are moving back and forth among these three phases.

This substantive theory provides new knowledge and insights of the living process of Chinese women after losing the only child. It can be applied as a guideline to develop nursing interventions to assist Chinese women in dealing with the loss of the only child in the future.

Field of Study: Nursing Science

Student's Signature

Academic Year: 2018

Advisor's Signature

Co-advisor's Signature

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CHAPTER I

INTRODUCTION

Background and significance of the study

Losing the only child is the most devastating situation in a woman's life. It can destroy their health in all dimensions, including psychological, physical, and social. With the special meaning of the only child and a considerable number of the only child in the People's Republic of China (China), as well as the longer life expectancy of the Chinese women, losing the only child of Chinese women has great effects on these women's health and the health services.

The "one-child policy" restricts per family per child (Zhu, 2003) for almost 40 years. In other cultures, there is no law restriction on having only one child. So, Chinese women with only one child are unique in the world. Followed by "one-child policy," the family with the only child account for 72.05% in China (Ma & Liu, 2011). In the age of 15 to 30 years old only child was around 180 million in 2013 (Li, 2013a). Due to the time pass by; the family will become smaller; the only child becomes more precious than in the past.

In Chinese culture, a child carries deeply significant meanings; nothing is more important than a child (Liu & Zhou, 2014). Chinese people believe that having a child is one way to fulfill filial piety (Jiang, Li, & Feldman, 2015) because a child is a

critical element in ensuring family linkage and generational continuity (Chan et al., 2012). Children are expected to be a continual source of love and pleasure (Weed, 2004). Research indicated that mothers in one-child families demonstrate “child-centeredness” significantly more than mothers in multiple-child families: “they 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). Besides, there is a firm universal belief among Chinese that parents bring up their child with the expectation of receiving care from their children when they are older until they are dead (养儿防老, *yǎng er fáng lǎo*) (Chu & Yu, 2009). One of Chinese law also indicates that adult children, as main caregivers, have the responsibility to provide care for the parents (The National People’s Congress of the People’s Republic of China, 2018).

However, the “one-child policy” and life-threatening issues caused each Chinese family with only one child faces a higher risk of becoming childless (Jiang, Li, & Sanchez-Barricarte, 2014). Based on the average death rate and a total population of persons age 15 to 30, it was estimated that the only child age 15 to 30 years old would die annual increasing of 76,000 at least (Li, 2013a; National Health Department of the People’s Republic of China, 2010). That is to say, a mother who will lose the only child is annual increasing of 76,000 at least. Therefore, there would be 1.51 million Chinese women aged 49 years up will lose the only child in 2038 (Mu, 2006).

A severe unique phenomenon, namely “*Shidu* (失独)”, which is Chinese transliteration for “losing the only child” has emerged; the people who have lost their only child named as *Shiduer* (He, Tang, Zhu, & Wang, 2014; Peng, 2013; Yin et al., 2018; Zheng, Lawson, & Anderson, 2017); the group of *Shiduer* named as *Shiduers* (Yin et al., 2018; Zheng & Lawson, 2015; Zheng et al., 2017). Specifically, in China, a universally accepted definition of *Shiduer* refers to person, especially women aged 49 or above who have lost the only child because of death in illness, accident, what so ever; unable or unwilling to have or adopt a child (He et al., 2014; Peng, 2013; Yin et al., 2018; Zheng et al., 2017). It is according to the medical birth limits 49 years old (Huang, 2009; News, 2012; Wang, Guo, & Guo, 2008; Yin et al., 2018), which is commonly accepted as the upper age limit for women to give birth. Nowadays, *Shidu* is no longer a special phenomenon that falls on a few families; instead, it has become a nation-wide problem (Ma, Zhang, & Nabi, 2016).

Losing the only child is the most traumatic loss, and it would permanently change Chinese women’s lives in the present and future. After losing the only child, Chinese women were at risk of severe health problems. Chinese women who lost their only child appeared to be more vulnerable to psychological health problems and poor mental health (Guo, Chang, Peng, & Lan, 2018; Task Force of the Institute of Population Research Peking University, 2011; Xu, Herrman, Tsutsumi, & Fisher, 2013). *Shiduers*’ grief may be more intense than that of griever in other cultures or

situations; had grieved approximately five years after the only child's death (Zheng et al., 2017). They display prominent clusters of symptoms including depression, anxiety, fear, nervousness, loneliness, low self-esteem, extremely sensitive, movability anger, which significantly increase the risk to their health (Li, 2013c; Xiang & Wo, 2013; Yan & Mu, 2013; Yang, 2014). Sometimes they are overwhelmed by negative feelings (Ma et al., 2016) like thinking about many things when they are older, or ill even death with nobody know (Song, 2014; Wang, 2014). They are at a higher relative risk of being hospitalized for any psychiatric disorder (Li, Laursen, Precht, Olsen, & Mortensen, 2005). For a long time suffer above problems, some women cannot adapt themselves are likely to suicide (Ge, 2013; Yan & Mu, 2013) and died earlier (Chen, Kuo, Wu, & Yang, 2012a).

One study stated that the physical status of parents who have lost the only child was much worse, characterized by higher morbidity of chronic diseases and more hospital visits (Yin et al., 2018). Chinese women, who have lost the only child, due to aged 49 years up are susceptible to menopause and more health problems per se. As time goes by, they are getting older and older. Their physical functions gradually decline (Ma et al., 2016). Research showed that they have various diseases such as hypertension, coronary heart disease, cerebrovascular diseases, diabetes mellitus, respiratory diseases, digestive diseases, rheumatics, osteoarthritis as well as critical diseases such as paralysis and cancer (Ge, 2013; Li & Wang, 2008b; Yin et al., 2018).

Again, women who lost the only child had higher morbidity of chronic diseases and more hospital visits, and slightly higher mortality (Li, Precht, Mortensen, & Olsen, 2003).

The Chinese context has seriously influenced the lives of Chinese women who have lost the only child. After losing the child, the culture views the death of the only child as a result of Karma (Chan et al., 2005). Chinese women stigmatized as a sign of “bad luck” (Hsu, Kahn, Yee, & Lee, 2004). Therefore, Chinese women after losing the only child expressed in society withdrawing (Li, 2012; Wang, 2014). They intended to avoid social life and normal communication with others (Li, 2013c). Finally, they have some behaviors like autistic (Yang, 2014). Also, the relationship between husband and wife broke, because the essentials elements of the triangle family relationship and the wholeness of the family are gone. Moreover, the divorce rate was higher because of the men’s desire to remarry a younger woman of childbearing age in order to have another child (Zhao, 2009). The women who divorced are difficulty in re-marriage (Zheng et al., 2017); they have to spend their later life lonely (Yi, 2009; You, 2012).

Meanwhile, some Chinese women who have lost the only child have no economic sources or own money to others (Mu, 2008). If Chinese women who have lost the only child are unhealthy or need to go to see the doctor, to get treatment, the economic issue will be a big problem. These women thought they were the victim of

the one-child policy. Therefore, they sought financial support from the government, and this will increase the government's burden.

Along with the life expectancy is getting longer, that means Chinese women who have lost the only child will live with permanent loss and risk of severe health problems for their remaining lives in a longer time. When Chinese women are getting older; they could not take care of themselves in the future. As well they could not get support from the deceased only child. Due to family becomes smaller than in the past, these Chinese women less support than in the past. Therefore, these women who have lost the only child will face the plights that have no one would look after them. Women were experiencing suffering and had less support will further increase the risk of severe health problems. Such women with huge numbers plunged into an intense and long-lasting difficulty, for the long run, it can, therefore, become a severe issue. There is an urgent need to increase assistance to them now and in the future.

Research showed that having adequate support following the death of a child can help the grieving process (Riley, LaMontagne, Hepworth, & Murphy, 2007). In the grieving process, the nursing staff has a central role and responsibility (Driscoll, 1990) that helped alleviate the grieving mother's distress (Jacob & Scandrett-Hibdon, 1994). Meanwhile, the law on the Protection of Women's Rights and Interests of the People's Republic of China (revised 2005) stated that "the state shall implement health care programs for women. Government at various levels should take measures

to enhance women health (National Legislative Bodies, 2005). Thus, there is an urgently high demand for nursing care to support Chinese women to deal with life after losing the only child.

If nurses who meet this group cannot provide suitable nursing care for them, these Chinese women's psychological health, physical health, and social health will deteriorate further. So that all families with the only child may live with the fear and uneasiness of suffering plight like a *shiduer*, which would reduce all Chinese women's quality of life, even would emerge unstable issue to the whole society.

Currently, although these Chinese women who have lost the only child have a risk of severe health problems and express urgently high demand for nursing care; nurses did not pay enough attention to this group. Chinese women aged 49 years up experienced the loss of the only child thus in permanent of childlessness expressed difficultly and differently because of the unique one-child policy, Chinese culture, the specific meaning of the only child and the life phase of these women. Thus, knowledge from other context cannot be directly applied to for them. Based on the previous findings, the Chinese government and society have begun to pay attention to this group, but the state of knowledge is still in the exploration and starting stage. There is no suitable theory or knowledge to guide nursing practice to this group. There is a clear gap of knowledge in nursing for Chinese women after losing the only child.

It is impossible to provide timely, appropriate, effective, personalized, and professional care for Chinese women after losing the only child without understanding them under the Chinese context. Helping these Chinese women to go successfully through difficulties require truly understanding of their experiences, which cannot be obtained through study with etic viewpoint. It needs to bring into the professional dialogue the reality of how people experience and live their lives, rather than finding ways of verifying preconceived theories of how people should live (p. xix) (Klass, Silverman, & Nickman, 1996). Therefore, the nursing intervention of Chinese women after losing the only child cannot be set up until the nurse gain more knowledge specific to the living process.

In order to get the real essence of how Chinese women live after losing the only child, the emic viewpoint needs to be explored; the research approach should be grounded theory by an in-depth interview. The grounded theory allows the researchers to obtain multiple perspectives to understand experience in social, political, and cultural information (Corbin & Strauss, 2008). Grounded theory methodology focuses on exploring the richness of human experience in order to generate and develop middle-range theories in nursing (Glaser & Strauss, 1967), which would be used as a guideline for further nursing intervention. At the root of in-depth interviewing is an interest in understanding the lived experience of other people and the meaning they make of that experience (Seidman, 2006). Study on the living process not only

provides an empirical basis for generating an explanation of how Chinese women live after losing the only child, but also adds insight and deep understanding of the context and consequence of losing the only child. It would be an effective means of leading to early intervention and prevention of prolonged or complicated health problems.

The knowledge emerged in this study could provide insight for nurses and help them to find the most appropriate way to successfully promote the health and well-being of Chinese women who have lost the only child in the future. Firstly, the knowledge that emerged in this study would contribute to the body of knowledge for nurses deeply understanding the living process of Chinese women after losing the only child in the Chinese context. Secondly, the knowledge of this study would help the nurses to better plan nursing interventions and use the appropriate and effective ways to facilitate Chinese women's lives in the future. Thirdly, the information from this study could be used in nursing education to better prepare nursing students and nurses for caring for the women after losing the only child. Lastly, this study will emerge current studies' limitation that nursing educator and nurses can find research gaps to conduct research. All in all, this study will lay a solid foundation for nursing practice, education, and research.

Research question

How did Chinese women live after losing the only child?

Objective of the study

To discover the living process of Chinese women after losing the only child.

Scope of the study

The participants are Chinese women aged 49 years up after losing the only child for more than two years and do not have another child, either birth or adoption. The participants will be collected by purposive sampling, snowball sampling, and theoretical sampling until at the point of saturation. The grounded theory with an in-depth interview, observation, and field notes were used.

Operational definitions

The study focuses on the living process of Chinese women after losing the only child. This definition will use only at the starting point to guide the interview because the true meaning of “*living process*” will emerge after data collection and data analysis.

The initial operational definition of “*living process*” is the overall actions, interactions, activities, behaviors, perceptions, feelings, emotions that interact to women’s ongoing daily living, which performed in a particular situational Chinese

context while day by day.

The only child means a person aged 15 to 30 years with no siblings, either biological or adopted.

Losing the only child was used with the connotation of the permanent absence of the only child because of death.

Expected benefits

The findings of this study, which is living process from the perspective of Chinese women after losing the only child, could be used as a substantive theory to guide nurses, nursing educators and researchers contribute in nursing practice.

CHAPTER II

LITERATURE REVIEW

The literature review of this study helped the researcher to identify the scope and the gap of knowledge. This study aimed to discover the living process of Chinese women after losing the only child by using grounded theory methodology. In grounded theory study, it is important to study with no preconceived idea about the phenomena of interest. Thus, this literature review presented a brief overview consists of five major parts that include: losing the only child of Chinese women, the situation of women after losing a child, the nursing role for caring women after losing a child, grounded theory methodology, and summary of the literature review.

Losing the only child of Chinese women

The death of a child has traditionally been viewed as more significant hardship (Cao et al., 2013). During raised this only child, the women spent much time, put more time, and energy; moreover, they input more emotion and love. At the same time, the women rely on and begin to reap rewards such as emotional support, financial support, and daily care from their only child. A study has shown that maternal bereavement has been reported to be more intense and problematic than other forms of bereavement (Stewart, 1995). Women in unique Chinese context have

suffered the loss of their only child may feel extremely desperate, especially for those who cannot have another child anymore (Chan et al., 2012).

For thousands of years, the Confucian filial piety predominates (Bond, 1987; Holroyd & Mackenzie, 1995). In Chinese society heavily relying on the bloodline and families, the child carries on the family name as an unalterable principle (Liu & Zhou, 2014). The child is a critical element in ensuring family linkage and generational continuity (Chan et al., 2012). They are the continuity of parents' lives (Li & Chen, 1993). Family with grow up the child plays important roles in defining one's status in society, maintaining well-being, providing care, and economic support (Lee, 1998; Wang, 2011). The Law on Protection of the Rights and Interests of the Elderly of 2018 also indicates that adult children, as main caregivers, have the responsibility to provide care for the parents in daily care, financial support, and mental comfort (The National People's Congress of the People's Republic of China, 2018). Thus, the child is the dominant caregivers and supporters of parents when the parents older or sick.

Moreover, the relationship between parents and children is different from that in the western, which child becomes adult will leave parents usually. In Chinese culture, children dominate and center everything. Children are viewed as living dependence, spiritual sustenance, and economic support (Lee, 1998; Li & Chen, 1993; Wang, 2011). A common phenomenon is that children live together with parents even after

married to accompany parents in daily life. Children are expected to be a continual source of love and pleasure, as well as represent the hope of the future (Weed, 2004).

However, two main factors make Chinese women lose their only child forever. Foremost, the “one-child” policy lets each Chinese family have only one child, which increases the risk of losing the only child and eventually could not have a child at all. In order to decline the future population growth overwhelming, the primary national policy “family planning policy” (generally known as “one-child policy”) was announced and carried out nationwide in 1979 to control the population number, improve the population quality. This policy strict per family has per child (Zhu, 2003). Following the one-child policy, the family with the only child account for 72.05% (Ma & Liu, 2011). Thus, there is a considerable number of around 218 million only children in China (Yi, 2012). Due to the time pass by, the family will become smaller. Then, until the third generation will all become the family that has only one child. Therefore, a new phenomenon, namely the “4-2-1” family model, has emerged. The “4-2-1” family model means there are four grandparents, two parents, and one child in one big family with three generations. Therefore, the only child becomes more and more precious.

Though nowadays, the policy has been changed; the problems due to this policy implement 40 years still there until around 2033 (Fang, 2017). Nowadays, the Chinese government has been liberalized to have a second child in October 2015. However, a

national survey showed that 53.3% of the families with one child would not have a second child. Being unable to be born a second child, scared to have a second child, and not wanting a second child take critical roles (CNR, 2017; He & Wang, 2017). The first generations one-child policy performers are becoming to elderly and are going to be elder so that they hardly give birth to a second child. The first generations only-child are going to be aged at a high risk to give birth to a second child. Many young generations scare to have a second child due to economic, work, energy, and no caregiver to take care of the second child, as well as scared about the child's upbringing issue, did not know how to balance the second child and the first child (CNR, 2017; He & Wang, 2017). The left young parents only prefer to cherish the current only child and do not want to give birth to another child.

Furthermore, compared with a family that has two or more children, a family with one child faces a higher risk of becoming childless (Jiang et al., 2014). The deaths due to traffic accidents were the most common, followed closely by death from diseases, accident except traffic, suicide, drowning, accidental falls and so on (National Health and Family Planning Commission of the People's Republic of China, 2014). In 2013, at least 1 million women were losing the only child in China (Li, 2013a). More than this, there would be 10 million women losing the only child until 2035 (Yi, 2012) and forecast to increase to over 11 million by 2050 (Wei, Jiang, & Basten, 2015). With these risks of death and increasing life expectancy, it is essential

to acknowledge that there will be a considerable number of women who will experience the loss of the only child.

Losing the only child means losing everything for Chinese women (Cao et al., 2013). First, the child is the person whom parents can rely on for taking care of them when they are older, being without a surviving child will undoubtedly leave those women who have lost the only child in a dilemma in their old age (Jiang et al., 2014). Second, having no child means their family will disappear from the earth in the future. It is a severe issue for a Chinese. Third, having no child is the most severe type of non-filial. Last, losing the child means not only an immense emotional loss but also a financial burden (Lee, Gleib, Weinstein, & Goldman, 2014). Meanwhile, the women who have lost the only child have lost the meaning in their lives (Song, 2014). Therefore, the only child's death would permanently change the women's present and future.

The birth of another child can bring hope, increase emotional bonding among family members, and reconstruct family structure as well as reduce psychological disorders (Cao et al., 2013). It is known that age is the most significant determinant of fertility in women, and infertility increases with age. It is according to the medical birth limits 49 years old which are commonly accepted as the upper age limit for women to give birth (Huang, 2009; News, 2012; Wang et al., 2008; Yin et al., 2018). The women aged 49 years up after losing the only child are susceptible to more health

problems per se, such as menopausal syndrome, and their health decrease gradually day by day. There were 375,000 mothers aged over 49 lost the only child, and this will be 1.51 million in 2038 (Mu, 2006). After losing the only child, the women aged 49 years old up may permanent lost a child and would not have a child anymore.

As the literature showed that the accidental death of the only child aged 15 years up, the parents' psychological trauma is difficult to imagine (Hong, 2011). The death of an older child or adolescent is difficult because the loss not only a child but often a close friend, a link to grandchildren, and an irreplaceable source of emotional and practical support (Cancer.Net Editorial Board, 2018) as well as financial support. After losing the only child, Chinese women will not only suffer the loss of the only child but also be unable to obtain the support as they expected. In the Chinese one-child policy background, 15~30 years old only child is the first generations and domain group around 180 million in 2013 (Li, 2013a). There were 169,000 aged 15~30 years old the only child would die per year (National Health and Family Planning Commission of the People's Republic of China, 2014) based on the annual death rate in 15~30 years old age group is at least four in ten thousand is increasing of 76,000 at least (China National Committee on Ageing, 2013).

Investigating an emotionally sensitive topic requires that the timing of the study and the fact that the study might harm study participants' needs to be carefully considered (Cowles, 1988; Marshall & Rossman, 1995). In the first two years after the

loss, most women are in severe grief. The study may bring a negative impact on them, or the participants may not be able to provide any considerable information. Therefore, this study focused on women after losing the only child for more than two years. On the one hand, a more typical timeline of grief a slow recovery that takes about two years (Becvar, 2000). On the other hand, it allowed adequate time for differentiation (Henrie, 2013). Regardless of how long ago the death occurred, women may live with their loss as a continuing living experience (Lewin & Farkas, 2012).

Some researchers claimed that the severity of the grief or bereavement tends to be higher when the loss occurs unexpectedly (Chan et al., 2012; Li et al., 2003; Parkes, 1998; Rubin, 1993). A sudden death (e.g., due to accidents, violence, and suicide, fall, etcetera) may more negatively affect parental wellbeing than a natural death such as disease (Li et al., 2003). Sudden or violent loss of a child is the most traumatized and painful experience for women than other types of death, which can result in a broad range of psychiatric morbidities and somatic symptoms (Chan et al., 2012; Li et al., 2003; Osterweiss, Solomonn, & Green, 1984; Parkes, 1998; Rubin, 1993). Women who lost a child because of accidental deaths and homicides exhibited more negative views than women who lost a child to illness and violent death; they reported the lowest level of self-worth (Matthews & Marwit, 2004). Moreover, sudden unexpected death of a child is a significant risk factor for post-traumatic stress disorder (PTSD) (Basoglu, Kilic, Salcioglu, & Livanou, 2004; Basoglu, Salcioglu, & Livanou, 2002;

Breslau et al., 1998; Griensven et al., 2006; Jia et al., 2010; Kun, Han, Chen, & Yao, 2009; Meert, Thurston, & Thomas, 2001). However, the other researchers stated that recovery from grief was associated with having a sense of life purpose but was unrelated to the cause of death (Rogers, Floyd, Seltzer, Greenberg, & Hong, 2008). Whether and how the cause of death could influence the grief or bereavement process of the women after losing a child has no conclusion. Consider the varied of the result; in this study, both the unexpectedly and expectedly death were included to discover the living process of Chinese women after losing the only child.

All in all, losing the only child in Chinese women, which influenced of the unique “one-child policy” and Chinese culture; this new era phenomenon has brought a far-reaching influence the tremendous and challenge needed to be explored deeply.

The situation of women after losing a child

The loss of a child is considerable, in comparison with other losses, to be more intense, complicated, and long-lasting (Malkinson & Bar-tur, 2000). It is the most traumatic and devastating loss and life-changing event for women. Meanwhile, it alters the course of the surviving mothers’ life forever. After losing the only child, the women have to live with their bereavement as a continuous grief experience, and subject to a series health problems (Li & Wang, 2008a; Wu & Wang, 2013), including psychological and physical aspects. Moreover, they encountered social and economic

problems. All of these addressed as follows.

The psychological health in women after losing a child

After losing a child, the women report diverse psychological reactions (Stroebe, Schut, & Stroebe, 2007). They were less accepting of the death and felt the more life change for them subsequent life (Townes, Wold, & Holmes, 1974). So, they are at a higher relative risk of being hospitalized for any psychiatric disorder (Li et al., 2005).

Grief is usually considered a universal experience of loss (Chan et al., 2005). As well, grief is mainly an emotional reaction to bereavement (Stroebe et al., 2007). Grief is associated with an increased risk of morbidity and mortality (Stroebe, Schut, & Stroebe, 2005). Stroebe, Hansson, Stroebe, and Schut (2001) defined grief as “a primarily emotional reaction to the loss of a loved one through death; incorporates diverse psychological and physical manifestations.” Moules (1998) defined grief as “the structural, emotional, cognitive, social, and spiritual change that occurs as a direct result of the experience of significant loss and that creates a mutable, evolving, but lifelong, relationship with the loss” (p. 144). Thus, grief itself involved diverse manifestations. However, one’s own culture inevitably shapes ways of reacting to or handling the experience through various prescribed rituals, beliefs, and family rules (Chan et al., 2005).

The duration of grief lasts longer for mothers (Vance, Boyle, Najman, & Thearle, 1995). Loss of a child was the most noticeable predictor for complicated grief (Neria

& Gross, 2007). Complicated grief is characterized by symptoms of intense grief, persisting for more than six months (Prigerson et al., 1995). Western studies claimed that 10-20% of people experience a prolonged response to bereavement; finally, they experience prolonged grief disorder (PGD), which refers to a syndrome consisting of a distinct set of symptoms following the death of a loved one (Davis, Feyer, Ortner, & Zimmermann, 2011). PGD has long-term adverse impacts on health cause significant distress. Unresolved grief has been shown to contribute to worse physical and mental health in many studies.

Among mothers, the relative risk of being hospitalized for any psychiatric disorder was highest during the first year after the death of the child but remained significantly elevated five years or more after the death (Li et al., 2005). Some studies showed that women experience higher levels of intense grief (Bohannon, 1990; Fletcher, 2002; Kachoyanos & Selder, 1993; Moriarty, Carroll, & Cotroneo, 1996b; Schwab, 1996; Wheeler, 1994). There is a tendency towards more mental problems (Sirchia, Saarinen-Pihkala, & Hovi, 2000), for example, psychological distress, depersonalization, shock, anger, denial, despair, yearning, hostility, hopelessness, deep sadness, panic, loneliness, helplessness, abandonment, vulnerability, extremely sad cannot extricate themselves, loss of control, powerlessness, emotional pain (Hansson, Stroebe, & Stroebe, 1988; Kreicbergs, Valdimarsdottir, Onelov, Henter, & Steineck, 2004; Levav, 1982; Li, Hansen, Mortensen, & Olsen, 2002; Livanou,

Basoglu, Salcioglu, & Kalendar, 2002; Miles & Demi, 1984; Oliver, 1999; Salcioglu, Basoglu, & Livanou, 2003, 2007; Videka-Sherman, 1982; Wheeler, 1994). For a long period in the face of above psychological problems, some women cannot adapt themselves are more likely to have suicidal thoughts (Murphy, Tapper, Johnson, & Lohan, 2003). Psychological stress could also raise the risk of unnatural death among women after losing the child (Batter, 1992; Martikainen & Valkonen, 1996; Vassilas & Morgan, 1997) by committing suicide (Chen et al., 2012a). So they die earlier, especially in the first year (Li et al., 2003; Rostila, Saarela, & Kawachi, 2012).

Most of the women experienced a strong desire to continue bonds with their deceased child (Humbeeck et al., 2013). They always think of the child (especially when they are alone) and will never forget this child (Cacace & Williamson, 1996). Some participants fear that on their death, the child will die forever (Malkinson & Bar-tur, 2000). Also, cognitive disruptions, such as confusion, lower self-worth inability to concentrate, and obsessive thinking are common (Matthews & Marwit, 2004; Oliver, 1999).

Freud (1917) wrote that grief should be worked through. Mourning is searching for ways of living without the person we care about (Attig, 1996) and mourning as the behavior that conveys the loss (Reimers, 2001). Moreover, Freud (1917) suggested that a normal mourning period would last one to two years.

Chinese women appeared to be more vulnerable to mental health problems (Xu

et al., 2013) due to the significant meaning of the only child and the Chinese culture. In one qualitative study, women stated that they had lost interest in everything and that life was no longer of any meaning to them (Martinson, Chang, & Liang, 1993). After losing the only-child, Chinese women experienced stronger grief and worse health than Americans did in the initial grieving period (Bonanno, Papa, Lalande, Zhang, & Noll, 2005). Chinese Women widowhood has scored higher in prolonging grief (Zhang & Jia, 2018a), approximately 30% (Shang, 2016). Losing a child is a significant predictor of psychopathological symptoms (Chan et al., 2012). According to a national report, there were over 70% experiencing varying degrees of psychological trauma (China National Committee on Ageing, 2013). Studies showed that the death of an only child causes an unbearable psychological trauma for women, who display prominent clusters of symptoms, including long-term grief, depression, anxiety, nervousness, sensitive, disappointment, movability anger, and fear (Li, 2013c; Ma et al., 2016; Yang, 2014). There were nearly 80% after losing the child are suffering from varying degrees of depression (Chen, 2012; Ma et al., 2016); higher than cancer patients (59.42%) (Liang, Wan, & Xu, 2005), and healthy elderly (13.5%) (Liu, Meng, & Tang, 2004).

Chinese women who have lost the only child, their spirit was seriously beaten, and they are in a state of severe pain for a long time (Zhao, 2009). Their poor psychological conditions are linked to their worries and concerns about a lonely life,

especially in the old age with limited proper health care (Li, 2013c). Specifically, more than half of the elderly are overwhelmed by negative feelings (Ma et al., 2016). The women who have lost the only child are very anxious for thinking about many things when they are older or ill even die (Song, 2014; Wang, 2014). Also, they worried no one takes care of them when they are sick, and no elderly care center is willing to accept them because no child can sign for them; as well as nobody will sign for an operation, and will help if they are dying (Song, 2014; You, 2012). They also much severe fear that no one would know if they died in the house for a long time (Wang, 2014). No one will claim the casket when they die and are cremated and manage the funeral rituals (Li, 2013c); no child offer libation on every special festive (Liu & Zhou, 2014). However, they have to do for their children, which made them grief again.

After losing the only child, the women are seriously lonely because they will have no child anymore (He et al., 2014; Yang, 2014), especially during festivals. The life used to be full of happiness but now replaced by tears and wounds. The festival is a “disaster” for them (Liu & Zhou, 2014). Other study result showed that the higher the level of loneliness, the lower the mental health (Guo et al., 2018). They are sensitive and vulnerable (Wang, 2014). When seeing others’ children take care of their parents carefully, they could only leave sad tears (Liu & Zhou, 2014). According to the Chinese People’s Political Consultative Conference statistic, there are more than

half of them had attempted suicide (Ge, 2013). If the death of a child, especially a son, it will increase the risk of maternal suicide (Chen, Kuo, Wu, & Yang, 2012b). In all, the death of the only child, significantly increase the risk to women's psychological health (Li, 2013c; Yang, 2014), and the mothers' morbidity is high (Zhao, 2009).

The physical health in women after losing a child

Physical health could be influenced by psychological health. Grief is related to decrements in physical health, indicated by the presence of symptoms and illnesses (Stroebe et al., 2007). Research indicates that traumatic experiences are associated with perceptions of poor health status, increased the risk of physical illness (Murphy, Gupta, et al., 1999; Murphy, Lohan, et al., 1999). Stressful life events can affect the sympathetic nervous system, the hypothalamic-pituitary-adrenal axis, the neuroendocrine systems, and the immune systems, which could result in various diseases (Goodkin et al., 2001; McEwen, 1998). Such as certain types of cancer, diseases of the cardiovascular systems (Goodkin et al., 2001; Levav et al., 2000; Li et al., 2002; McEwen, 1998), epilepsy (Christensen, Li, Vestergaard, & Olsen, 2007), diabetes (Olsen, Li, & Precht, 2005), ulcers, high blood pressure, asthma (Heller & Schneider, 1978) and so forth. Maternal risk of hospitalization remained significantly elevated five years or more after the death of a child (Rogers et al., 2008).

Women generally have more health problems than fathers after the death of a child (Li et al., 2003; Moriarty, Carroll, & Cotroneo, 1996a; Osterweiss et al., 1984;

Rubin, 1993; Vance et al., 1991). Some bereaved mothers have described physical pain resulting from their grief, similar to having been injured or mutilated (Rando, 1986). It has been reported to longer even 7 to 9 years after the death of a child from cancer (McClowry, Davies, May, Kulenkamp, & Martinson, 1987). Following the death of a child, women have more adverse lifestyle behaviors, such as loss of appetite or appetite disturbances, altering dietary patterns, difficulty sleeping or sleep disturbances, increasing smoking and alcohol intake, reducing physical activity and dysfunctional, malnutrition, nausea, lack of energy or fatigue, headache, dizziness, heart palpitations, all of these would increase the risk of morbidity and mortality (Anda et al., 1990; Jacob & Scandrett-Hibdon, 1994; Klatsky & Armstrong, 1993; Leistikow, Martin, Jacobs, & Rocke, 1998; Lewin & Farkas, 2012; Li, Smith, & Baker, 1994; Li et al., 2003; Rosenbloom & Whittington, 1993; Vance et al., 1994; Vassilas & Morgan, 1997).

Similar to all women in the world, after losing the only child, Chinese women have poor health and have various diseases. According to the Chinese People's Political Consultative Conference statistic, 50% of people losing the only child have heart disease, high blood pressure, and other chronic diseases; critical diseases such as cancer, paralysis account for 15% (Ge, 2013) as well as neurasthenia, they have to take medicine (Li & Wang, 2008b). The disease and the situation that they cannot wholly self-maintenance severely affected their lives (Zhao, 2009). One survey

invested bereaved women aged over 49; they are more likely to report poorer health in self-rated health assessments (Wei et al., 2015).

As the age of the women increase, their physical functions gradually decline (Ma et al., 2016), these women faced numbers of health problems related to their age per se (Wang, 2014; Zhang, Hao, Lv, & Yang, 2005). From appearance to the internal physiological metabolism and organ function will change accordingly (Cai, 2016). After losing a child, elderly mothers aged 60-72 reported an increased number of physical ailments such as hypertension, insomnia, and a general compromised health status immediately following the death of their children (Cacace & Williamson, 1996). Because there is no child would provide care of them, the women have difficulties when getting ill (Li, 2013c), which would further destroy their health. In all, women, who have lost the only child they had slightly higher mortality (Li et al., 2003).

The social and economic issues in women after losing a child

Mothers reported being severely disrupted by the death influencing by culture (Goodman, Rubinstein, Alexander, & Luborsky, 1991). In Chinese social and cultural context, losing a child is sometimes thought to be a sign of bad luck (Hsu et al., 2004). Women who have lost the only child encounter discrimination in their lives, which severely stings their broken hearts and worsens their psychological and mental conditions (Li, 2013c). The critical effect of social isolation creates additional stress, which serves to undermine self-esteem (Whitehead, 2006). Moreover, then have

society withdrawing (Li, 2012; Wang, 2014) and communication difficulties (Jacob & Scandrett-Hibdon, 1994). A study showed that 63.3% is not willing to go outside, and 50.2% do not want to say “hello” (Chen, 2012). Even many of them gradually fall into autistic patterns (Li, 2013c; Wang, 2014; Yang, 2014). With increased isolation and loneliness, they may experience a diminishing external world, decreases in social and professional roles and engagements, loss of health (Butler, 1963).

In Chinese culture, the only child is an important of the family triangle structure in the family (Xu & Liu, 2017) and the child carries the role of blood kinship that serves as the foundation and bond of the family. The child also creates a conjunct hope of the future for the couples (Yang & Wang, 2012). Due to the child, who is the most crucial family connection factor gone, mothers have reported a relationship with husband such as less cohesion, less marital satisfaction (Gottlieb, Lang, & Amsel, 1996; Lang & Gottlieb, 1991, 1993; Martinson, McClowry, Davies, & Kuhlenkamp, 1994; Najman et al., 1993; West, Sandler, Pillow, Baca, & Gersten, 1991). After losing the only child, some of them divorced or experienced spouse’s death (He et al., 2014; Yang, 2014). Some husbands abandon them because men can have a baby with young women (Li, 2013c), which increase their grief. In contrast, Chinese women who have lost the only child was seen as bad luck have been profoundly rejected to marry (Hsu et al., 2004). Therefore, they may live their lives lonely.

Losing the only child is also a financial burden (Lee et al., 2014). Some women

were in the situation that owns money to others because they have spent much money for their children, such as paying for education, raising the child, paying a lot of treatment fee and so on (Mu, 2008). More than half of women had low incomes below the local living standards (Li, 2013b). If they are unhealthy need to go to see doctor and encounter festivals, the economy is increased and will be the biggest problem (Song, Guo, & Dong, 2019). As time goes by, the economic difficulty of them would be more severe because they are too old to work.

Chinese social welfare and pension insurance are low in coverage and limited in payment (Chen & Ding, 2013; Shen, 2017; Song et al., 2019). For some women who are older and could not work, or some women have no work, they have no source of income. Therefore, they have to rely on the government for financial support; it increases the government's burden. The government provides "special economic aid policy" already. Each woman who has lost the only child aged 49 up can receive aid ¥340 (\$49.36) every month since 2012 (The Central People's Government of the People's Republic of China, 2013). If according to a statistic of 1.51 million (Mu, 2006) get the money monthly, there would be around 6 billion per year. However, some women who have lost the only child feel neglected by the government and society (Li, 2013c) and think the national system, which assists them is currently ineffective. Therefore, few representative *Shidu*ers wearing the same white hat with the black Chinese characters of *Shidu*ers (失独者, *shī dú zhě*) from across China came

to Beijing to seek support from the government (上访或维权, *shàng fāng/wéi quán*) to take the responsibility of correcting the defective “one-child policy” by compensating them (Zheng & Lawson, 2015).

The nursing role for caring women after losing a child

Adapt to the world without the loved one, which may take considerable time and effort (Parkes, 1993; Parkes, 1988). Having adequate support after the death of a child can help the grieving process (Riley et al., 2007). In the grieving process, the nursing staff has a central role and responsibility (Driscoll, 1990). The nurse can implement strategies that will help alleviate the grieving mother’s distress (Jacob & Scandrett-Hibdon, 1994). There are some studies showed that women valued health professionals who kept in touch after the child died, which helped them to cope with their grief such as nurses and doctors (Janzen, Cadell, & Westhues, 2004; Melin-Johansson, Axelsson, Grundberg, & Hallqvist, 2014).

Nurses play an essential role in providing support and in disseminating information to women who often overlooked in their need to be supported in their grief (Cacace & Williamson, 1996). Nurses, as part of multidisciplinary teams, such as counselors or therapists (Coolican, Stark, Doka, & Corr, 1994) can help families adjust by providing emotional and practical support (Tedford & Price, 2011). They could educate the public by sharing information on grief, coping, and resources

available to the people (Robinson, 1995). Thus, it is the nurses' job to support and help women after the death of a child (Laakso & Paunonen-Ilmonen, 2002).

Review the literature, different forms of professional support are relevant to women as they undergo the journey through the death of their child (Price, Jordan, Prior, & Parkes, 2011). Parental support from the within and across hospitals identified are necessary (Contro & Sourkes, 2012; D'Agostino, Berlin-Romalis, Jovcevska, & Barrera, 2008). The use of flexible and continuous bereavement services in the community resulted in an improvement in the mothers' quality of life (D'Agostino et al., 2008). Studies suggested that service recommendations include acknowledgment of the loss in order to facilitate coping for all parents (Chen et al., 2012b; Kazak & Noll, 2004) is crucial after the loss. Post-death bereavement support can help mothers with their grief (Riley et al., 2007). Specialized grief interventions for parents who seek help for complicated grief reactions; and intensive, broad-based interventions for highly vulnerable parents who experience multiple severe problems following the death (Chen et al., 2012b; Kazak & Noll, 2004).

Moreover, psychological counseling is an effective way (Pan & Lin, 2010; Xu, 2015). The most effective ways by a healthcare provider were identified as bereavement follow up, such as spiritual comfort, psychological support, health education, visits, telephone calls, or sending cards (Chen, 2010; Neidig & Dalgas-Pelish, 1991; Xu, 2015) as well as using the social support system and set up a follow-

up system (Pan & Lin, 2010). A study in Finland with 86 bereaved women examined the women's experiences of a follow-up bereavement intervention which included an information pack, highlighted the value of such intervention with the most emotional support coming from professionals and peers (Nikkola, Kaunonen, & Aho, 2013). Allowing them to express their emotions, encouraging interaction with others, and seeing others cope with their grief helped women believe in their survival (Heiney, Ruffin, & Goon-Johnson, 1995; Umphrey & Cacciatore, 2011). One study found that the more the bereaved individuals discussed their loss with others, fewer health problems they had (Pennebaker & O'Heeron, 1984).

Losing the only child brings horrific grief and intolerable bitter to a considerable number of Chinese women (Cao et al., 2013). Such women with a considerable number plunged into an intense and long-lasting difficulty. They live with high potential complicated grieving reactions and poor or difficulty in adjustment and long-term adaptation (Lee et al., 2014). Some bereaved used of alcohol and other substances as a potential coping strategy (Harper, O'Connor, & O'Carroll, 2014). However, this is life-threatening maladaptive and significantly increased their risk of health problems. Nurses need to assist the women in adjusting themselves to adapt during daily living after losing the only child. Otherwise, their health and life would deteriorate or destroy thoroughly.

Nurses across care settings who work with families when their child dies to

require knowledge and skills to ensure bereavement support is provided both immediately after the death of a much-loved child and in the longer term (Price & Jones, 2015). By simply copying the Western grief counseling skill has a limited role, especially in the early grief counseling on parents who lost only child may lead to second damage (Pan, 2017). The grief process of loss only child is more complicated than that of the other grief, and there are some diversity characteristics of the grief (Pan, 2017). Nurses often feel unprepared in supporting bereaved persons, fearing to do or to say the wrong thing (Price, Jordan, & Prior, 2013). Their ability to meet women's individual needs after the child's death was inadequate (Laakso & Paunonen-Ilmonen, 2001).

The Chinese government and some researcher sincerely look forward to the whole society include nurses will give this group more attention and more aid (Liu & Zhou, 2014). However, there is still less support in terms of practical support, emotional support and social interactions, and smaller social support networks (Wei et al., 2015). Yan (2012) surveyed 460 participants after losing the only child, and the result showed that the ways and methods to help them are minimal. At present, the psychological relief mechanism of *shidu*ers is almost not available in Chinese society (Li & He, 2013). Therefore, there need health care providers to develop effective interventions to help them cope with the loss. Timely attention must pay to the mental health of *shidu*ers who are without a spouse and have low income (Zhang et al.,

2016).

Knowing the family's culture helps nursing staff to implement good care (Saiki, Martinson, & Inano, 1994). Families require support from a range of professionals, including nurses who are often on the front line when a child dies (Price et al., 2011). Parents can find grief isolating due to society's lack of understanding of their grief experience (Price & Jones, 2015). Therefore, there need to increase knowledge to provide care for Chinese women after the loss immediately. Because of the different life stage, women aged 49 years up experience lost difficultly and differently than younger women. Also, the women age 49 years up on the process are going to aging. It needs nurses to pay attention to strengthening the care for Chinese women who have lost their only child

Grounded theory methodology

Grounded theory (GT), a research method used internationally and by myriad disciplines, was developed by Barney G. Glaser and Anselm Strauss in 1967 (Artinian, Giske, & Cone, 2009; Glaser & Strauss, 1967). According to Morse, grounded theory is likely the most widely used qualitative method of research (Morse, 2009). Nurses can use this method (Stern, 1985). From the beginning, the method found favor with the nursing community, both because Glaser and Strauss held positions at the University of California, San Francisco, School of Nursing and

because they mentored students in the new doctoral program in nursing (Artinian et al., 2009). Therefore, grounded theory is a significant qualitative research methodology to study the nursing phenomenon.

The grounded theory allows the researchers to get the inner experience of participants and to obtain multiple perspectives on events and build variation into their analytic schemes to thick and enrich understand experience in social, political and cultural information (Corbin & Strauss, 2008). The significant difference between grounded theory and other designs is the emphasis on theory development (Denzin & Lincoln, 2005). The grounded theory is used to describe the action of moving through a situation (Artinian et al., 2009; Glaser, 1978). A basic social process (BSP) is a core category that has two or more emergent phases, which resolve the main concern of the group under study. The grounded theory is most useful when researchers do not know much about a phenomenon, or if researchers need to explore new perspectives in a familiar environment or situation.

The grounded theory allows the researchers to get at the inner experience of participants, to determine how meanings are formed through and in culture, and to discover rather than test variables (Corbin & Strauss, 2008). It studies social phenomena from the perspective of symbolic interactionism (Charmaz, 2006). The researchers are working with words rather than statistical data, is characterized by interpretation of the meaning of participants' words (Fenna, Tineke, Hans, & Dorly,

2010). This theoretical grasp of problems and processes within data to understand what is going on in a substantive area and how to interpret it. The researcher then expressed this understanding in theory named by a carefully chosen word or phrase that captures the subjects' experience (Artinian et al., 2009). Glaser says that “grounded theory is the systematic generation of theory from data acquired by a rigorous research method” and the product is an “integrated set of hypotheses which account for much of the behavior seen in the substantive area” (Glaser, 1998).

A grounded theory must emerge from data, not from other studies or substantive areas (Artinian et al., 2009). To begin with, there is no need to review all of the literature in the field beforehand. It is impossible to know prior to what relevant concepts will be derived from the set of data (Corbin & Strauss, 2008). Not reading the literature is a rule of the grounded theory otherwise dispute researchers from discovering emerging concepts and hypotheses, properties, and theoretical codes from that highly fit, relevant, and valid raw data. In grounded theory methodology, it also could not test in other literature before the theory emerged from data. It is appropriate to deliberately avoid literature review in the substantive areas of research at the beginning of the study.

The whole systematic process of grounded theory includes data collection, coding, analyzing through memoing, theoretical sampling, and sorting to writing, using the constant comparative method (Glaser, 1978). The theoretical sampling and

constant comparative analysis is the core of Grounded theory followed by other key characteristics theoretical sensitivity, coding and categorizing the data, theoretical memos, and diagrams, literature as a source of data, integration of theory (Boeije, 2002; Glaser, 1978).

A combination of formal tape-recorded interviews and field notes based on casual interviews and observations constitutes the best data set (Artinian et al., 2009). The researcher can write observational notes (ONs) that describe the actual events, theoretical notes (TNs) that denoting the researcher's thoughts about those events, and methodological notes (MNs) or reminders about some procedural aspect of the research (Schatzman & Strauss, 1973).

In-depth interviewing's strength is that through it, the researcher can come to understand the details of people's experience from their point of view (Seidman, 2006). The data collection uses an in-depth interview, which provides participants an opportunity to talk in-depth. At the root of in-depth interviewing is an interest in understanding the lived experience of other people and the meaning they make of that experience (Seidman, 2006). The researcher will ask the questions that need to discover the process. It must be sufficiently general to cover a wide range of experience as well as narrow enough to elicit and explore the participant's specific experience (Holstein & Gubrium, 2003). It is useful to tape-record interviews so that the interviews can be listened to several times to detect themes and nuances we may

not have been aware of during the interview (Artinian et al., 2009). The new interview questions will emerge from each interview, while data are collecting and analyzing. Data collection end until saturation of the data, which means no information emerged.

In the grounded theory methodology, data collection and data analysis occur concurrently. Grounded theory coding consists of at least two main phases: 1) an initial phase involving naming each word, line, or segment of data followed by 2) a focused, selective phase that uses the most significant or frequent initial codes to sort, synthesize, integrate, and organize large amounts of data (Glaser, 1978).

During open coding, the researcher generates units of categories and their properties which fit, work, and are relevant for integrating into a theory. During the selective coding process, the researcher will select code for a core variable. The core variable became a source of theoretical sampling, and then becomes a guide to further data collection. Theoretical sampling is data gathering driven by concepts derived from the evolving theory and based on the concept of making comparisons whose purpose is to go to places, people, or events that would maximize opportunities to discover variation among concepts and to identify categories and properties and dimensions (Strauss & Corbin, 1990). The theoretical coding was guided by coding families, for example, the six C's, process, the degree family, the dimension family, type family, the strategy family (Glaser, 1978). Theoretical coding will elevate the data to a theoretical level. Glaser (Glaser, 1978) in describing the generation of

theoretical codes, resultant theoretical sampling, and identification of conceptual indicators explains the ongoing nature of refining and deepening one's grasp of the data, verifying and ensuring fit.

The whole analysis process performed a constant comparative method. The comparisons are recorded in theoretical memos, which are the "theorizing write up of ideas about codes and their relationships as they strike the analyst while coding" (Glaser, 1998). The generated properties can be used as a comparative base to examine the data (Corbin & Strauss, 2008). The constant comparative method aimed to compare incidents applicable to each category, integrating categories and their properties, delimiting the theory, and writing the theory (Glaser, 1965).

Memoing is a constant process. It begins when first coding data and continues through reading memos or literature, sorting and drafting papers to the very end. The four basic goals in memoing are to theoretically develop ideas (codes), which complete freedom into a memo fund, that is highly sortable (Glaser, 1978). During analytic, stop and jot down everything quickly that came to mind about the category, codes, and data is necessary. It helps in thinking about the data and inspires ideas. Memos support to develop the properties and dimensions of categories. It also supports making comparisons and asking questions; the relationship between conditions, actions/ interactions, and consequences developing a storyline (Glaser, 1978). Summary memos can be written that synthesize the content of several memos.

In nursing, the findings of grounded theory research will generally have implications for practice as they identify the meanings of participants' experiences, and nurses can act on these. The grounded theory explores the social process, and this is helpful when the goal is developing a theory that explains human behaviors (Morse, Stern, & Corbin, 2008). Chinese women who have lost the only child experienced the transition to a *shiduer*; nursing research has shown that grounded theory is suitable for the study of individual behavior related to developmental transition and challenging situation (Wuest, 2012). Grounded theory can narrow the gap between theoretical research and practical needs, can better achieve the purpose of clinical nursing research (Li, Ma, Huang, & Li, 2008).

Summary of the literature review

Based on the literature review of the previous western findings, there were some studies on the phenomenon of losing a child; few focused on women over the age of 49 losing the only child thus in the permanent of childlessness. Since the unique Chinese context, the other context could not be directly applied. Moreover, few domestic research studies on losing the only child in nursing focused on the health status of *shiduers*, *shiduers* experienced difficulty and will encounter difficulty, the need of *shiduers*; while some researchers tried to provide some suggestions for these people they were related to bereavement care, it was too broad to effectiveness.

In all, there is no suitable theory or knowledge to guide nursing practice to this group. Without understand the living process, nursing care in Chinese women who have lost the only child would be invalid. The existing knowledge could not provide fully understand the living process of Chinese women's who have lost the only child. It can be concluded that there is a gap in knowledge of the living process of Chinese women after losing the only child. In order to get the deep understanding of how Chinese women lived after losing the only child, the emic viewpoint from Chinese women's perspectives needs to be explored; the primary research approach should be grounded theory by the in-depth interview together with observation and field notes.

CHAPTER III

RESEARCH METHODOLOGY

In research methodology part, the specific procedure and methods that related to discovering the living process of Chinese women after losing the only child in terms of research design, research participants, research setting, protection of human subjects, instrumentation, data collection, data analysis, and trustworthiness present as follows.

Research design

The objective of this study is to discover the living process of Chinese women after losing the only child. The research question of this study is, “*how did Chinese women live after losing the only child?*” To discover the unique living process of Chinese women after losing the only child, the qualitative research, namely the grounded theory method was appropriate for this study.

The primary purpose of grounded theory was to explore basic social processes and to generate theory from real situations and perspectives of people that are living in society (Streubert & Carpenter, 1999). It allows the researchers to get the inner experience of participants and to obtain multiple perspectives on events and build variation into their analytic schemes to thick and rich understand experience in social,

political and cultural information (Corbin & Strauss, 2008). Grounded theory methodology focused on exploring the richness of human experience to generate and develop middle-range theories in nursing (Glaser & Strauss, 1967), where little research or a few adequate theories concerning a certain phenomenon. Therefore, the grounded theory approach provides a sound procedural method that allowed the researcher to explore, conceptualize, and generated substantive knowledge to explicate the living process through Chinese women's perspective and experiences. This study was predominantly guided by Glaser (Glaser, 1978, 1998). A set of well-developed concepts together constituted an integrated into a model. The model could be described and understood as the holistic view of the living process of Chinese women after losing the only child.

Research participants

The participants of this study involved women after losing the only child followed the inclusion criteria. The criteria of research participants as follows:

Inclusion criteria

Chinese nationality; can communicate with Chinese Mandarin, aged 49 years up; lost the only child for more than 2 years; biological mother and had raised the deceased only child who aged 15 to 30 years old; have only given birth to one child; do not have another child including adoption child; do not have a son-in-law or a

daughter-in-law; do not have a grandson or a granddaughter; having full of consciousness; be able to complete the interview; agree to participate in the study.

Recruitment process

The participants were recruited in this study by purposive sampling, snowball sampling, and theoretical sampling. The first participant was recruited by purposive sampling. The researcher contacted a non-governmental organization (NGO) through her personal network. It is a Yunnan provincial public welfare organization concerned people who have lost the only child. The organization was willing to help the researcher. One staff of this organization knew well about some women who have lost the only child that meet the inclusion criteria of this study. After screening and directly contacted some women who would voluntarily participate in this study, the staff shared and discussed with the researcher. The researcher selected one woman among them to participate in this study as the first participant.

The next three participants were recruited by snowball sampling in terms of recruited the second participant by the introduction of the first participant, recruited the third participant by the introduction of the second participant, and recruited the fourth participant introduction by the third participant. The main demographic data of four participants: aged 54 to 62 years old; two participants lost a daughter, and two participants lost a son; post-loss from 42 months (3.5 years) to 175 months (14.6 years). The cause of loss was because of heart disease, fire accident, alcoholism, and

leukemia. Participants' education level was from primary school to senior high school. All of them retired.

According to the grounded theory method, during the researcher collected the data simultaneously started analyzing data by using the constant comparative method. After the first interview finished, the researcher immediately started analyzing the data, namely carried out open coding guided by advisors. After finishing data analyzing of the four participants, the researcher understood more information about Chinese women after losing the only child. Then, theoretical sampling was used to recruit the following participants. Theoretical sampling provided the researcher with the opportunity to search for further clarification in the raw pertinent data in order to elaborate and refine the categories. During the recruitment of the following participants, which was guided by theoretical sampling, the inclusion criteria were still used as a fundamental prerequisite. Meanwhile, the researcher widely considered the variation related to demographic data of the participants such as age, educational background, marital status, personal monthly income.

The researcher discussed with advisors and received the advisors' guidance and confirmation to use the codes or concepts, which had given the direction to further data collection about *what data to collect, when, where, and how*. For example, after analyzing the data, the researcher found that all four participants need support from health care workers, but they did not receive as they needed. The emerged hypothesis

concerned *how did the health care workers involved in the living process? Did receive support from health care worker related to the living process? What the role of health care works in the living process? The one who got health care workers' support the fewer difficulties and worries?* Thus, “*receiving support from health care workers*” was used to recruit participants. The researcher also found that all four participants had peers. Other emerged hypothesis concerned *how did the participants who have no peers live? What the differences in the living process between the one who has peers and the one who have no peers? Did participants who had peers easier come out?* Therefore, “*having no peers*” was used to recruit participants. The other theoretical sampling examples based on emerged hypothesis such as “*having good or ok health,*” “*having less support,*” “*having no preparation of loss,*” “*put huge effort on coming out or find many ways to coming out.*” Along with data analysis, a temporary constantly modified and regenerated model, which was generated by acquired categories and subcategories as well as their properties, dimensions, and relationships emerged and guided for further theoretical sampling. After the eleventh participant, the process structure strengthened, key categories emerged, and relationships between these categories began to solidify. The substantive model was confirmed in a final check with the following participants. There was a repetition of discovered information, confirmation of previously collected data. This continuous process stopped after thirteenth participants because of the data has reached the theoretical

saturation, which means that there was no new emerging information in any category, and all categories were well-developed in terms of their properties and dimensions, as well as the relationships among categories were established and confirmed.

There is no commonly accepted sample size for qualitative studies because the optimal sample depends on the purpose of the study, research questions, and richness of the data (Elo et al., 2014). Sample size in grounded theory studies should follow the concept of saturation. The sample must be large enough to ensure that most or all of the perceptions that may be important are revealed; but at the same time avoid the sample being too large, the data becoming duplicated, and eventually becoming redundant. The number of participants was recruited in this study depended on what was needed to achieve saturation of the data. In this study, one participant was recruited by purposive sampling; three participants were recruited by snowball sampling; the following participants were recruited by theoretical sampling. Totally thirteen participants were recruited and then achieved saturation. All the participants were voluntarily and willingly agreed to participate in the study. There were no participants withdrew from this study.

Demographic characteristics of the participants (see Table 1)

The participants' age ranged from 50 years old to 68 years old, with a mean age of 59.92, $SD=4.66$.

Concerning marital status, five (38.46%) participants were married and

living together with husband. Five (38.46%) participants divorced and living alone (including two participants divorced after losing the only child). One (7.69%) participant divorced before losing the only child, and she was living with a lifetime partner. One (7.69%) participant remarried. One (7.69%) participant became a widow after losing the only child four years.

In terms of educational background, three (23.09%) participants finished primary education level. Five (38.46%) participants completed the junior high school level. Two (15.38%) participants completed senior high school level. Two (15.38%) participants achieved the junior college degree, including one (7.69%) participant holds the junior college degree and still studying at an elderly university. One (7.69%) participant got a bachelor's degree.

Four participants (30.77%) have no religious belief. Two (15.38%) participants believed Christianity. Seven (53.85%) participants believed in Buddhism. For working status information, nine (69.24%) participants were retired. The participants' profession before retirement was involved worker, accountant, workshop manager, teacher (including working at senior high school, kindergarten, and university), seller, hairdresser, nurse, and driver. In this study, some participants had more than one job. Therefore, there were more than thirteen professions. Two (15.38%) participants were working (including one participant still working after retirement); one is a leader in an evaluation department, and the other was working at

a restaurant. One (7.69%) participant did own business. One (7.69%) participant was unemployed.

The main source of the personal monthly income of nine participants (69.24%) mainly comes from a retirement pension. One (7.69%) participant's personal monthly income came from retirement pension and salary. One (7.69%) participant's personal monthly income came from business income. One (7.69%) participant's personal monthly income came from salary. One (7.69%) participant relied on the lowest living allowance.

The personal monthly income ranged from ¥720 (\$104.53) to ¥15000 (\$2177.67). Nearly half ($n=6$, account for 46.15%) participants had a personal monthly income ranged from ¥1501 (\$217.91) to ¥2500 (\$362.94). There was one (7.69%) participant that received the lowest living allowance ¥720 (\$104.53) per month. There were two (15.38%) participants' personal monthly incomes over than ¥10000 (\$1451.78). In addition, all these participants could get more than ¥4000 (\$580.71) solariums every year from the government. The calculation between CNY and USD was based on the exchange rate (100 CNY=14.52 USD) at 3:21 p.m. Beijing time (UTC+08:00) on 9 July 2019.

Table 1 Demographic characteristics of the participants (n=13)

Demographic Characteristics	<i>n</i>	%
Age (years old)		
50 – 54	2	15.38
55 – 59	3	23.09
60 – 64	6	46.15
≥65	2	15.38
Marital status		
Married and live with a husband	5	38.46
Divorced and live alone	5	38.46
Divorced and live with a lifetime partner	1	7.69
Widow (husband passed away)	1	7.69
Remarried	1	7.69
Educational background		
Primary school	3	23.09
Junior high school	5	38.46
Senior high school	2	15.38
Junior college degree	2	15.38
Bachelor's degree	1	7.69
Religious belief		
No religious belief	4	30.77
Buddhism	7	53.85
Christianity	2	15.38
Working status		
Retired	9	69.24
Employee	2	15.38
Own business	1	7.69

Demographic Characteristics	<i>n</i>	%
Unemployed	1	7.69
The main source of personal income		
Retirement pension	9	69.24
Retirement pension and salary	1	7.69
Business income	1	7.69
Salary	1	7.69
The lowest living allowances	1	7.69
Personal monthly income		
¥500-1500 (\$72.59-217.77)	1	7.69
¥1501-2500 (\$217.91-362.94)	6	46.15
¥2501-3500 (\$363.09-508.12)	3	23.09
¥3501-4500 (\$508.27-653.30)	1	7.69
¥≥10000 (\$≥1451.78)	2	15.38

The demographic data of the participants' deceased only child (see Table 2) also presented. There were seven (53.85%) male and six (46.15%) female. Their age ranged from 15 to 30 years old, with a mean age of 23.00, $SD=5.18$. Three (23.09%) deceased only child were high school students. One (7.69%) deceased only child was an undergraduate student. One (7.69%) deceased only child was a graduate student. One deceased only child (7.69%) did his own business. Six deceased only child (46.15%) were employees in occupation involved nurse, model, community staff, telecom company staff, bank staff, and salesman. One deceased only child (7.69%) was unemployed.

The time length since the death of the deceased child ranged from 34 months (2.8 years) to 298 months (24.8 years). The causes of loss respectively in acute disease ($n=3$, account for 23.08%; including acute heart failure, acute encephalitis, and alcoholism), chronic disease including cancer ($n=7$, account for 53.85%; including nephritic syndrome, leukemia, bone fibrous histiocytoma disease, lymphoma, laryngeal cancer), accident ($n=2$, account for 15.38%; including fire disaster and motorcycle accident), and suicide ($n=1$, account for 7.69%).

Table 2 Demographic data of the participants' deceased only child ($n=13$)

Demographic Characteristics	<i>n</i>	%
Gender		
Male	7	53.85
Female	6	46.15
The age group at death (years old)		
15-20	5	38.46
21-25	2	15.38
26-30	6	46.15
Education or working status		
High school	3	23.09
Undergraduate student	1	7.69
Graduate student	1	7.69
Own business	1	7.69
Employee	6	46.15
Unemployed	1	7.69

Demographic Characteristics	<i>n</i>	%
The time length since death [Month (Year)]		
24-60 (2-5)	3	23.08
61-96 (>5- 8)	3	23.08
97-132 (>8-11)	1	7.69
133-168 (>11-14)	1	7.69
169-204 (>14-17)	2	15.38
205-240 (>17-20)	2	15.38
>240 (>20)	1	7.69
The cause of death		
Cancer	6	46.15
Fire disaster	1	7.69
Motorcycle accident	1	7.69
Suicide	1	7.69
Alcoholism	1	7.69
Acute heart failure	1	7.69
Acute encephalitis	1	7.69
Nephritic syndrome	1	7.69

Research setting

This study was conducted at Yunnan province, China. In order to let participants fully participate in the interview and to acquire more productive data, the interview setting based on the agreement of participants and researcher for ensuring the participants' safety, confidentiality, convenience, and comforts. Also, the interview

places have met the requirements of quiet enough, familiarity, and away from distractions. The interview conducted at a meeting room of a non-governmental organization ($n=6$, 46.15%), participants' home ($n=3$, 23.08%), a mutual support center of people who have lost the only child ($n=1$, 7.69%), participant's working place ($n=1$, 7.69%), a VIP room of a tea room ($n=1$, 7.69%), and community residents committee office ($n=1$, 7.69%).

Protection of human subjects

This study was approved by the Research Ethics Review Committee for Research Involving Human Research Participants, Health Sciences Group, Chulalongkorn University (see Appendix B) for participant information sheet (see Appendix C), informed consent form (see Appendix E), demographic data form (see Appendix G), interview guide (see Appendix I), and field notes form (see Appendix K). The researcher applied the ethical principles, which incorporated beneficence and respect for human dignity and justice as well as provided safety and confidentiality to the participants.

The researcher was specifically informed to the participants about the researcher and the study using the information sheet (see Appendix D). The participants well knew about the study for making a clear decision about reject or agree to participate in this study. Those who agreed to participate in this study were signed the consent

form (see Appendix F). The methods for protecting participants were clearly mentioned. The participants have the right to ask any questions, not answer the interview question, as well as withdraw from this study at any time as wish with no need to give any reason.

Each participant was given monetary compensation of ¥100 (\$14.52) as a token of appreciation for participating in this study. In addition, the researcher respected the participants and appreciating participants for sharing experience in helping other Chinese women after losing the only child. The participants' facial expressions, gestures, and responses to the interview questions were respected with sincerity during the interviewing.

The researcher considered the participants' safety, confidentiality, convenience, and comfort. After the researcher and the participants made an agreement, they determined the interview date, time, and place based on the participants' intention. The researcher granted permission from the participants to take an audio and video record and take field notes during interviews.

In-depth interviewing does not pose the life and death risk of biomedical research (Seidman, 2006). However, the nature of a qualitative study makes it very difficult to predict what unexpected events might happen. There were no known risks to participate in this study expect to evoke the sadness. Along the process of interviewing, if the participant feels uncomfortable, even crying, the researcher will

stop the interview for a while and use her knowledge to manage this situation. The researcher could do so because the researcher had already learned one nursing psychology course, one fundamental nursing course including general bereavement care.

More than this, the researcher could get timely support from the professional psychiatric nurse. If the participant cannot stop crying even more severe, the researcher will end the interview, and call a psychiatrist or a professional psychiatric nurse to support such as talk with the participants online; or the researcher will accompany the participants to meet the psychiatrist or professional psychiatric nurse to get more support. The researcher will help the participant until she stops crying and feels ok. After the participant feels ok, the researcher will ask permission to continue or stop the interview.

The researcher informed the participants that there was no information will disclose without their permission, all obtained information; audio and video record confidentially and securely kept in a cabinet and laptop with a password and will be deleted when no longer used for this study. The researcher was the only person who knows the participants' actual identity. Any personal information, which could be able to identify the participant, not appeared in any report. The fictional names and code number (e.g., Participant 1) were used to protect participants' privacy and to identify each participant.

A colleague listened to an audio recording to re-examine to ensure consistency with the recordings and transcripts throughout the transcribed process. During the data analysis, in order to obtain audit trail and supervision, anonymously translated verbatim transcripts were sent to the researcher's advisors to check and confirm the accuracy of data analysis.

Instrumentation

In this study, research instruments include the researcher, a demographic data form, interview guide, field notes form, a video recorder, and a recording pen. Details of research instruments in this study addressed as follows.

The researcher

In grounded theory, **the researcher** is a research instrument that interviews and makes meaning of participant's experience through a process of constant comparative analysis (Glaser, 1998). Since the researcher is a crucial instrument to conduct this grounded theory study, it is necessary to present the researcher's qualifications and abilities as follows.

Personal characteristic

The researcher's personal characteristic is suitable for conducting a qualitative study because she is patient, careful, studious, sensitive, and diligent.

Language and computer application ability

The researcher is Chinese. She can fluently speak and well understand Chinese mandarin (has a certification of Mandarin test with level 2 of grade A). She meets the English requirement of the doctoral level of Chulalongkorn University. Even though English was the second language and the researcher is not a bilingual; she is competent to listen, speak, read, and write, which could be certified by reached English test certifications such as an International English Language Testing System (IELTS, score is 6), Public English Test System Level 4 (PETS 4), Medical English Test System Level 3 (METS 3), and passed the National Master's Degree English Test.

The researcher is good at computer. She has certifications of the National Computer Rank Examination (NCRE) and National Education Engineering Technology of "Information Technology and Application Distance Training". She has used Microsoft for almost 20 years. As well as, she has learned a qualitative program, namely ATLAS.ti. Therefore, the researcher has the skillful ability of computer applications for data analysis.

Working and research experience

The researcher is a registered nurse since 2008. She is a lecturer, and she works in a medical university for 14 years. The researcher participated in more than ten research studies, so has some research experiences. The researcher has the experience as a leader to conduct a provincial research program. The researcher was a

supervisor of students that supervise students to research the national level, provincial level, and school-level innovation and entrepreneurship training program for undergraduates.

Grounded theory knowledge background and experience

The researcher has studied two advanced qualitative research courses total 4 credits with A and B⁺ grade in Faculty of Nursing, Chulalongkorn University. During studied the courses, the researcher was trained to interview by using in-depth interview and analyzed data by using grounded theory methodology. Besides, the researcher has studied in-depth interview through self-study. Furthermore, the researcher had conducted a pilot study with two Chinese women after losing the only child before carrying out this study. Based on the grounded theory research experience, the researcher is able to assess the interview questions, interview skillfully, and analyze data to conduct this grounded theory study.

More than this, the researcher was trained and mentored by advisors who are nursing experts throughout the research process. The advisor experts in ground theory methodology, who can supervise the researcher to achieve theoretical sensitivity in conducting this grounded theory study.

A demographic data form

A demographic data form referred to demographic characteristics of the participants and the deceased only child. During data collection, the Chinese version

(see Appendix H) was used.

The interview guide

The interview guide is an instrument used as guiding questions when the researcher was collecting the data via an in-depth interview. The researcher used the open-ended question as the initial question to start each interview. Moreover, the probing questions were prepared for helping the researcher to ask more questions and encourage the participants to share more information in order to collect rich data. During data collection, the Chinese version (see Appendix J) was used.

The field notes form

The field notes form was a research instrument. The record on field notes was the evidence that gives meaning and aids in the understanding of the actual situation. During data collection, the Chinese version (see Appendix L) was used.

A camera and a recording pen

A camera and a recording pen are key research instruments that were used to record the conversation content during interviewing between the researcher and participants. This study used both of them at the same time. The camera with video function was used to take a video to record the actual situation during interviewing, which would help the researcher retrace to the interview scene and “go back” to the scenes to facilitate data analysis. Considering the protection of human subjects, a recording pen was used to take an audio record. The audio record listened by a

colleague to re-examine the consistency without showing who the participant is.

Data collection

Roberts, Priest, and Traynor (2006) noted that researchers perceive the interview as the most valuable source of information for grounded theory research. A combination of formal tape-recorded interviews and field notes based on casual interviews and observations constitutes the best data set (Artinian et al., 2009). In this study, the approach to data collection was face-to-face in-depth interview simultaneously accompanied by audio and video record as well as observation and field notes.

Before carried out data collection for this study, the researcher had conducted a pilot study with two Chinese women who have lost the only child. After the pilot study, the researcher met her advisors to discuss the interview process. Besides, the researcher acquired guidance from advisors, which benefits for supporting participants, avoiding harm on participants, and collecting rich data. The researcher also got some strategies that preparing self to manage some situations that could be happened in the following interview in the appropriate ways.

The duration of the data collection was nearly two years and three months, which started from 5th January 2017 until 18th March 2019 until saturation occurred. The length of each interview ranged from 61 minutes to 129 minutes, with an average of

90 minutes. The variation of the interview length is due to the richness and complexity of the information provided by the participants. All interviews were conducted during the daytime and weekdays. There were no unexpected events during the data collection phase of this study. Some participants had tears in eyes for less than two minutes, but they can manage by themselves. While this situation occurred, the researcher waited for them and gave them some tissues. Moreover, the researcher asked the participant, “*do you want to quit the interview?*” All participants could manage and continue the interview to the end.

After the participants expressed their intentions to participate in this study based on knowing and willing, the researcher and the participant made an appointment for the interview. Before interviewing, the researcher prepared herself again by studying knowledge related to interview and psychological nursing from books and website. During interviewing day, the researcher took the well-prepared interview guide, a video recorder, a recording pen, and other necessities to the interview place. The relationship between the researcher and participants affect the data collection at a certain degree. Therefore, to explore as rich information as possible, the researcher spent a few minutes to strengthen the familiar by introducing more information about her and repeated the main statements of the information sheet and the ethical principles (e.g., confidentiality and safety) again to make the participants familiar with the researcher and the study as well as feel comfortable. Moreover, the

researcher told the participants they could ask questions, not answer the researcher's questions, or withdraw this study at any time. Then the participants signed the informed consent form.

The researcher asked participants' permission again regarding recording and taking field notes. Firstly, the researcher asked the participants, the participants answered the question, and then the researcher filled the demographic data form. This approach is conducive to the participants to adapt to interview, comfort, and relaxation, as well as gaining supplemental information regarding the study participants. However, in order to avoid affecting participant's mood, one item in the demographic data form in terms of *the cause of death of your only child* had not been asked but was explored at an appropriate time during the in-depth interview. After the participants felt ready, the in-depth interview began with the broad initial open-ended question "*would you please tell me a typical day after losing your child*" by using the Chinese Mandarin language.

The researcher used a repertoire of skills and techniques to ensure that as productive comprehensive and representative data were collected as possible. For probing as rich information as possible, the researcher asked probing questions like "*would you please tell me more about that,*" "*what was going on after that,*" "*what did you think,*" and "*what did you do.*" Furthermore, the researcher used her attentively ability to listen to what was being said by the participants so that

participants were able to recount their experiences as fully as possible without unnecessary interruptions. Thus, the participants were able to describe their experiences as thoroughly as possible. To encourage the participants willing to say out as much as possible, some skills including looking interesting and emotionally neutral body language (e.g., nodding, making agreements and encouraging sounds such as ‘Mmmmm,’ etcetera) were used. The strategic used of silence also highly effective at getting participants to contemplate their responses, talk more, elaborate.

During the in-depth interview, the researcher did not use questions leading to expected answers from the participants as well as limit personal bias and maintain theoretical sensitivity. Moreover, after gradually data analysis, focused questions were developed and asked during interview guided by redesigned and modified interview guide to augment category properties and dimensions and to expound on developing hypotheses, including relationship. For example, “*how did health care workers support you*”, “*what causes lead you change*”, “*how did you deal with the marital problem*”, “*in what situation you miss your son or daughter*”, “*how did you compare with other people*”, “*how did you comfort yourself*”. Other techniques that were also used to promote the interview include probing remarks to ask for clarification and explanation (e.g., *what do you mean ‘afraid of going to the hospital’*, *why ‘are you afraid of seeing other persons’*, etcetera) and reflecting remarks (e.g., ‘*sighing*’, ‘*shaking her head*’, etcetera).

The researcher wrote field notes in Chinese or English during the interviewing for the record what happened during interviewing such as occurring events, interaction, as well as participants expressed nonverbal behaviors (e.g., facial expression, gesture, tone of voice, etcetera). Moreover, the researcher noted her perceptions, thoughts, questions, concerns, and hypotheses, as well as return to earlier points, or how might frame follow-up questions for probing more information.

During the closing phase, the researcher asked a question, *“Is there anything else that you would like me to know that we have not touched on?”* This strategy allowed the participants to share any issues that they intend to say. It can often discover new and unanticipated information. The researcher asked whether she can interview the participants again if needed. All participants voluntarily gave permission to be interviewed again or follow-up communications through a telephone conversation or WeChat application if more information was needed, such as to verify the data. However, the interviews were conducted only once in all participants because the acquired information was complete and rich enough. Therefore, it was not necessary to interview them again. Finally, the researcher gave the money within a “red bag” to the participants to express the appreciation.

Data analysis

The whole data analysis process, where data collection and analysis are carried

out simultaneously, was completed guided by Glaser (Glaser, 1978, 1998) by using the constant comparative method supplemented by a qualitative data analysis program, namely ATLAS.ti, memo writing, and diagramming. The data collection and data analysis showed as Figure 1.



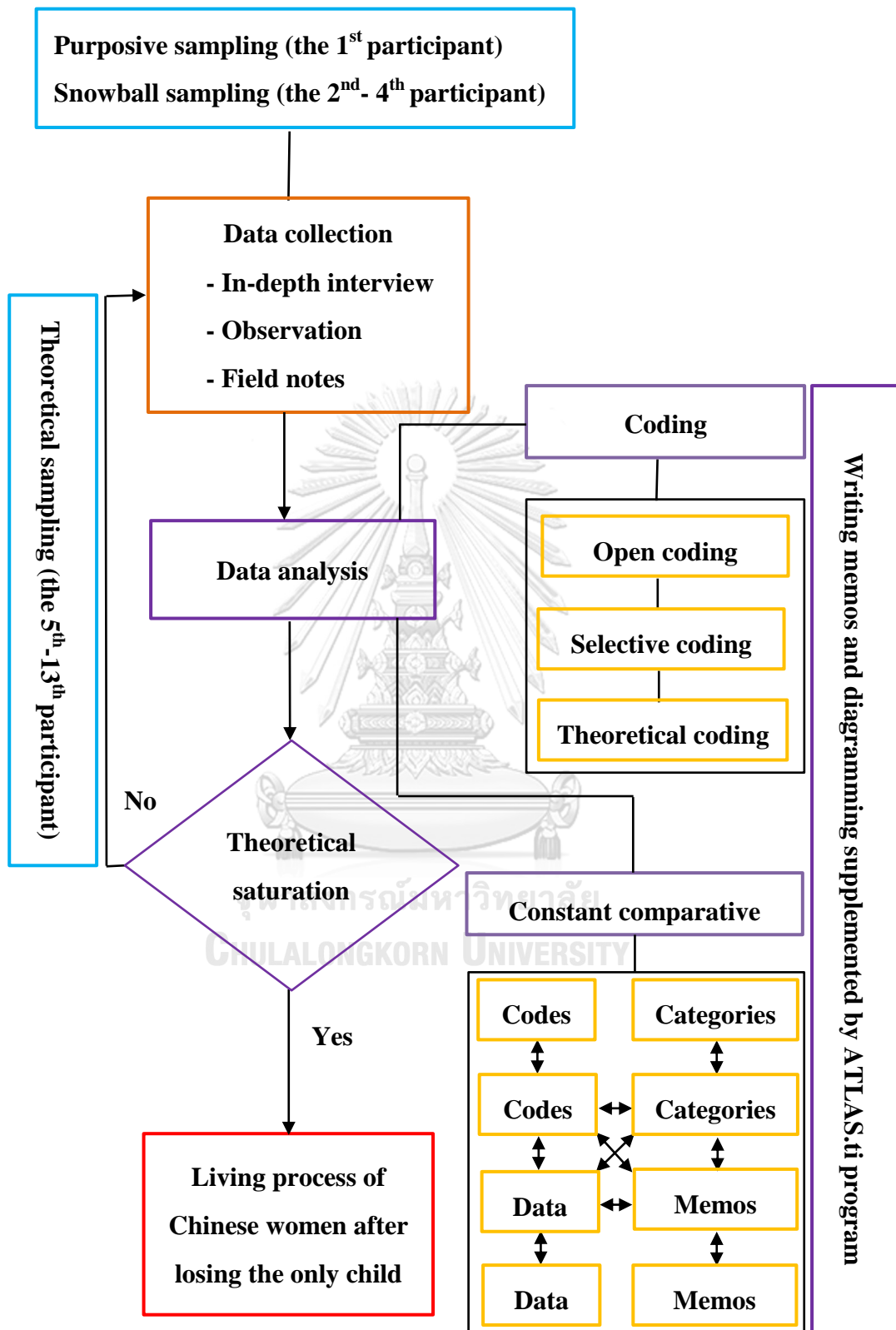


Figure 1 Data collection and data analysis

Translation process

After each interview, the researcher watched and listened to the video over and over again, and then transcribed and wrote the original transcript in Chinese characters. By having a colleague listening to each audio recording, the thirteen Chinese transcripts were re-examined to ensure consistency with the interview and transcripts throughout the transcribed process. This colleague is a Registered Nurse (RN), master's degree, a lecturer, and a leader of the teaching office, School of Nursing, Kunming Medical University. She has been worked for nineteen years in the nursing field.

In order to obtain the audit trails and supervision from the researcher's advisors, the original Chinese transcripts (C1) were translated into the target English transcripts. The concise information for transcribing and translating process showed in Figure 2. In the process of translation, considered a variety of translation technologies were used, such as forward-translation, back-translation, team discussion, and supplemented by many translation programs, such as Google Translator, Baidu Translator, Netease Youdao Translator, iCIBA Translator, Bing Microsoft Translator.

The researcher, a bilingual, a translator, and a colleague involved in the whole translation process. A bilingual is proficient in Chinese and English. She is American. She was born in America. She lived in Singapore when she was 5-16 years old; she

lived in American for about ten years; and then she lives in Kunming, China since 2013. She was familiar with the Chinese context. A translator is a Registered Nurse (RN), Ph.D., an associate professor of the School of Nursing, Kunming Medical University. She can fluently speak and well understand Chinese mandarin (has a certification of Mandarin test with level 2 of grade A). Her IELTS score is 6.0. Another English certificate, namely Prince of Songkla University-Graduate English Test (PSU-GET) score is 71.36%, which is the university's examination for the graduate student. She conducted a qualitative study in her doctoral dissertation. Also, she is familiar with the background of this study.

The researcher forward-translated C1 into the preliminary English transcripts (E1) using forward-translation and back-translation repeatedly until satisfied with the equivalence between the source language (Chinese) and the target language (English). A translator back-translated E1 into the Chinese transcripts (C2). In order to get the final English transcripts, performed the team discussion. The researcher, a translator, a bilingual, and a colleague together contrasted and compared C1, C2, and E1, resulting in final English transcripts (E2), which were ready to be analyzed after checking and correcting syntax, equivalence, and consistency. Moreover, the researcher used some field notes information to rich the transcripts with a bracket to present the real situation.

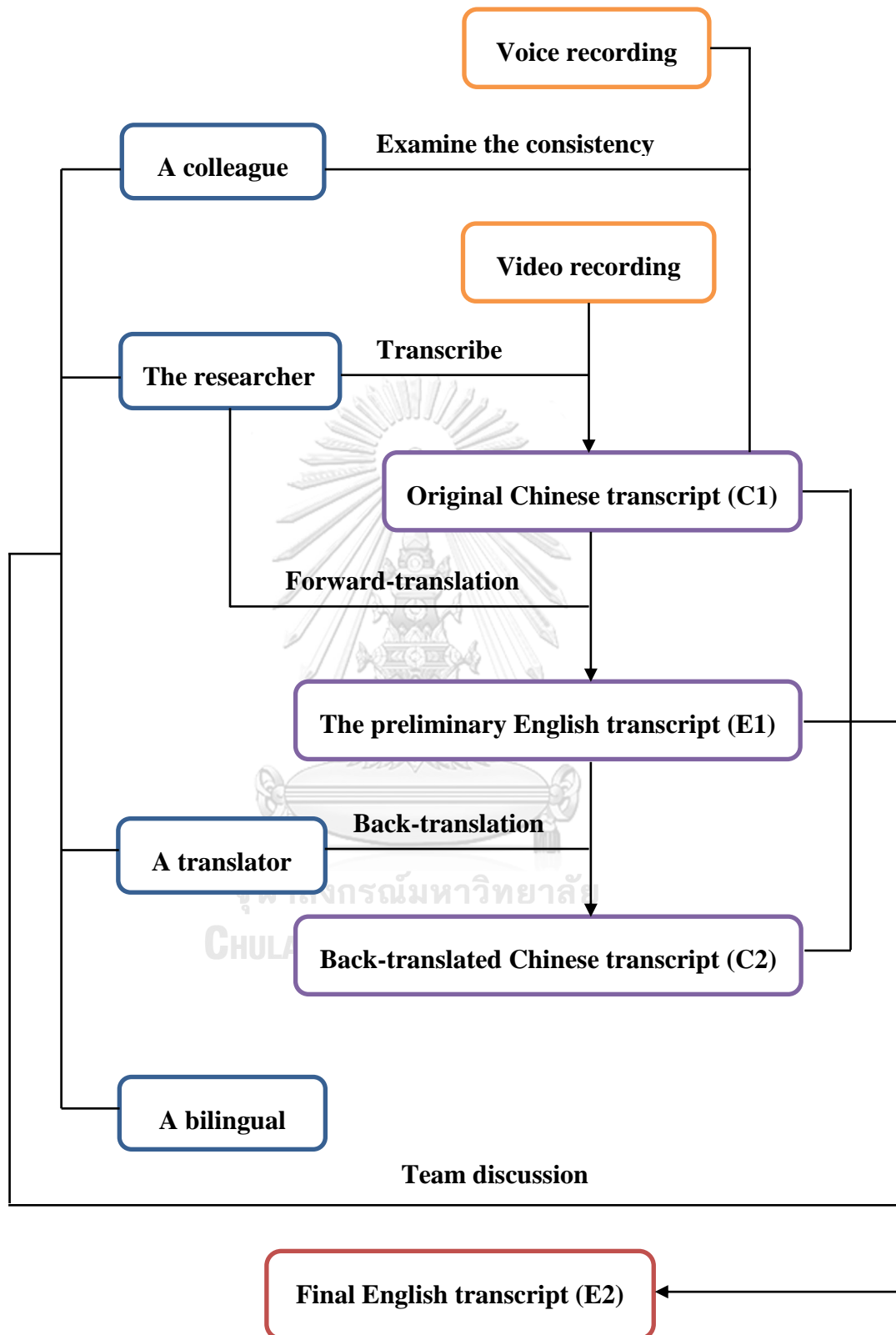


Figure 2 The transcribe and translate process

Using a qualitative analysis program (ATLAS.ti)

In this study, a qualitative analysis program, namely ATLAS.ti, was used. During the data analysis process, the researcher used ATLAS.ti 8 and updated series to facilitate data analysis. ATLAS.ti is a sophisticated and powerful tool to support the researcher to arrange, reassemble, and manage the transcripts in systematic ways because computers can help researchers confront data more effectively (Dey, 1993). Computers certainly increase “methodological awareness” (Seale, 2002) because of the indisputable record (Corbin & Strauss, 2008). Computer programs are perfect for creating an audit trail because the record of the researcher’s work is accessible and can be reconstructed (Corbin & Strauss, 2008). It can easy to search the codes, access to memos, and facilitate the making of diagrams. ATLAS.ti keeps the researcher focused on the material itself. It lets the researcher extract, categorize, and interlink data fragments from all transcripts. Based on the analysis, ATLAS.ti supports the researcher in discovering model and testing hypotheses.

Memo writing and diagramming

Memos and diagrams stimulate and document the analytic thought processes and provide direction for theoretical sampling (Corbin & Strauss, 2008). In this study, memo writing was performed throughout the data analysis process, which began with the first interview, and then coding data, sorting memos, reading literature, and writing papers and dissertation until the study was completed. The researcher wrote

down everything that came to mind with a sentence, a paragraph or a few pages as memos based on four basic goals in memoing, which are theoretically developing ideas (codes), with complete freedom into a memo fund, and highly sortable (Glaser, 1978). The information obtained from field notes were also used to remind the researcher to think about events, behaviors, and interactions between the researcher and participants, and to evoke the thinking process. Whenever the researcher was inspired by an idea, she stopped whatever she was doing and recorded that idea on paper, laptop, or smartphone. Later, she re-organized or integrated those ideas and wrote memos in ATLAS.ti program.

The researcher created a heading for each memo, updated and modified memos as development occurring to develop the rich memos. If too many memos on different codes look the same, the researcher compared codes or their dimensions to see the differences that were being missed between the two codes. If they were still the same, the codes would be merged into one code. If two categories or their properties appear in the memo, the relationship between the two was discussed and perhaps categorized (the hypothesis) or highlighted in some ways so that this hypothesis could be sorted for theoretical sampling.

During the entire memo writing, the researcher was constantly asking questions. For example, *what is the participant saying; how does the participant think, feel, and act while involved here; when, why, how, and under which conditions do the process*

change. This way helped determine gaps in the researcher's thinking process, raised data to a conceptual rather than descriptive level, and presents hypotheses about connections between categories and their properties. The researcher integrated clusters to generate theory by sorting these memos about categories and theoretical relationships, the core variable or basic social process emerged.

The researcher used diagrams, which is visual devices that depict relationships between analytic concepts (Corbin & Strauss, 2008). The researcher used diagrams both emerged from ATLAS.ti and drawn by the researcher. In the beginning, the researcher may make diagrams that were mere scribbles of arrows and words. The researcher drew a series of diagrams while memoing. The researcher named each diagram to easy contrast, compare, and then analyze. For example, the coping strategies-marital issues, having difficulty-kinds, receiving supports-sources. The visible diagrams raised the data to a conceptualization level so that the researcher efficiently used diagrams to work with concepts rather than raw data. Furthermore, the conceptual visualizations of data enable the researcher in reflecting, understanding, stimulating new insights, and searching for what is missing. The researcher checked data in systematic and organized ways using the drawing and update drawing a dense of diagrams to explore the basic social process of Chinese women after losing the only child.

Constant comparative method

The constant comparative method is used by the researcher to develop concepts from the data by coding and analyzing at the same time (Taylor & Bogdan, 1998). To achieve a complete theory, which corresponds closely to the data by diversity, the researcher began with the raw data and then used a constant comparative method until the basic social process emerged and was confirmed. Specifically, the researcher constant compared each code to all other codes, such as similarities and differences. The researcher also compared each line, phrase, sentence, and paragraph from all transcripts. Moreover, the researcher compared the properties and dimensions of a subcategory or a category as much as similar and diverse aspect as possible. The researcher also used a constant comparison method to discover missing points and add points during the data analysis process. Besides, the researcher had produced more theoretical ideas through re-checking and re-coding during the constant comparison.

In this study, those comparisons included compared different people (such as their beliefs, health situations, education level, etcetera); compared data from the same participants with themselves at different points (such as after losing the only child immediately and after a certain point in time, etcetera); compared concepts, subcategories, or categories with others (such as the dimensions or properties or relations, under which conditions to be strong or alleviate, etcetera); compared the findings with existing literature.

The researcher used various strategies to promote data analysis. For example, flip-flop technique (e.g., having husband and having no husband such as died or divorced, cause of death from accident and diseases), close-in comparison (e.g., junior high school and senior high school), far-out comparison (e.g., reading and exercising), as well as waving the red flag (e.g., not crying does not mean not grief, not visiting the deceased only child does not mean not missing the deceased only child).

The researcher used constant comparisons throughout the research process until the basic social process with sufficient detail and abstraction generated integrate related in several diverse ways to form a unified whole. Meanwhile, all kinds of aids, such as field notes, memo writing, diagramming, close reading, and rereading support comparison.

Coding process

Data analysis occurred simultaneously with data collection. Two types of coding that include substantive coding (open coding and selective coding) and theoretical coding were applied in this study (Glaser, 1978). During the coding process, the researcher audited trail and supervised by advisors. For coding the data in every way possible, the researcher constantly asked a set of questions, such as, “*What does the data react?*”, “*What part of the emerging theory of this category,*” “*What the property or dimension of a category,*” “*What influences the basic process?*” The researcher used these questions to keep theoretically sensitive and transcending when analyzing

the data.

Open coding

During the open coding process, the researcher aimed at generating an emergent set of categories and their properties which fit, work and are relevant for integrating into a theory of the raw data (Glaser, 1978). The researcher used open coding to conceptualize raw data by naming and grouping. The final English transcript of each interview was imported into the ATLAS.ti program. The gerunds loosely defined end in “*ing*” were used as the codes.

The researcher opened the codes by “breaking” the raw data and reading the transcripts line-by-line including words, phrases, sentences, and paragraphs; wrote the codes in English. Sometimes the researcher could not find the appropriate code in English, so the researcher used Chinese at the beginning and then replace with the suitable English code later. Some “*in vivo*,” which are the participants’ actual words, were used as the codes, too. The researcher always stimulated ideas by open coding, and then the researcher interrupted coding to write memos about the ideas, such as questions, interpretations, and thoughts. These memos directly linked with theoretical sampling.

During the open coding process, the researcher identified the activities and behaviors that the participants experienced as well as the perspectives of the participants. Then, the researcher coded the data and compared them with other data

in terms of similarities and differences; then similar events were grouped together assigned to a cluster according to their properties with a new more abstract name.

An example of open coding was given in order to demonstrate the coding process. The tenth participant described: *“Played the piano, did housework, and went out to eat with friends. Sometimes, I watched movies.”* The researcher coded as *“playing the piano, doing housework, going outside to eat, going outside with friends, eating outside, eating with friends, watching movies”*. More examples see Appendix M: Examples of Interview Transcript with Codes.

Open coding ended in the study when nothing occurs as a surprise, after constantly comparing, analyzing, and generating, sufficient codes to handle different emergent. In short, a total saturation occurs all data fit (Glaser, 1978).

Selective coding

Selective coding is a process in which the researcher selected code for a core variable and to cease open coding. It means that the researcher delimited the coding to only those variables that related to the core variable in the sufficiently significant ways to be used in a parsimonious theory (Glaser, 1978). As the amount of the open coding proliferated, the researcher synthesized, examined, and collapsed the codes into categories or more abstract concepts. Then the analysis was guided by the core variable. The researcher continued to compare the more extensive conceptual variables with the initially generated codes to assure consistency as well as look for

the conditions and consequences that relate to the core process. Memos were again utilized as a reference for the researcher's thoughts, generalizations, and theoretical notions. However, the memos became more focused and start integrating while showing gaps for further data collection and theoretical sampling.

Theoretical coding

Theoretical coding stage conceptualized how the substantive codes relate to each other as hypotheses to be integrated into a theory (Glaser, 1978). This stage was begun after the researcher analyzed the data and received a group of codes. The researcher theoretical coding based on sorting memos not based on sorting data. During this process, the researcher always kept the research question and the objective of this study in mind.

The researcher systematically linked categories and developed properties or dimensions of categories by applying the coding families during the theoretical coding process. Theoretical codes helped the researcher maintain the conceptual level in writing about concepts and their interrelations between the substantive codes and theoretical codes. The coding families made the researcher very sensitive to what to write at which point, and when. The researcher used coding families direct the types of questions to ask theoretical questions of the substantive codes during analysis and try to establish connections that make ideas relevant to explain the changes in the participants' behavior, feeling, thought. For example, *“Is this a condition or a*

context?”; “Is it a matter of degree or two dimensions?”

Specifically, the researcher used six C’s (causes, contexts, contingencies, consequences, covariances, and conditions) to find the relationship among codes. For instance, receiving support was a cause of why the participants want to pay back to others. The researcher also used strategy family (strategies, tactics, mechanisms) developed the properties and dimensions of the category “**coming to term**” by looking for strategies that the participants used to control self. The strategies for *self-controlling* were found, including *avoiding thinking about loss* and *self-consoling*.

Theoretical sorting and theoretical writing

The most advantageous and complex integration of theory was forced by sorting memos (Glaser, 1978). During the theoretical sorting process, the researcher followed the basic analytic rules, which are starting to sort, the core variable, fit and conceptual level, completeness, mechanics of sorting, and theoretical pacing (Glaser, 1978). The researcher was sorting the memos, which categories and properties relate to the core category. The researcher was constantly moving back and forth between memos and a potential outline. The key question for each memo sorted by a category is “Where does it fit in?” When the researcher made connections, the researcher asked: “Where this relationship was maximized, minimized or otherwise changed?” The researcher modified many times guided by advisors to achieve everything fits as all ideas eventually integrate.

In theoretical writing stage of grounded theory methodology, writing is a “write up” of piles of ideas from theoretical sorting (Glaser, 1978). The researcher generated a substantive theory by constant comparisons of incidents within different comparative groups in the same substantive class. The researcher wrote conceptually by making theoretical statements about the relationship between concepts. The researcher wrote to make explicit the properties, dimensions, or other theoretical codes of the theory, as well as the theoretical integration of these codes, supplemented conceptual framework and its integration into a theoretical explanation. The researcher modified defects and re-examined to confirm that there was a strong fit between the data and the emerging model by constantly reworking the draft guided by advisors.

Comparing findings with existing literature

One important aspect of reworking drafts is to integrate the generated theory into the existing literature (Glaser, 1978). The comparison with related or relevant existing literature was carried out at the end of this study to minimize the risks of preempting ideas of the researcher on data analysis. The researcher made a concerted effort to cover literature in the same area in which starting writing the theory. In this study, the researcher compared the substantive knowledge, which developed from this study to pertinent theoretical and substantive literature. This way also sensitizes the researcher to reworking the theory to the best advantage, as the

researcher studied how others are theorizing in the integrative field placement of ideas by supplementing, extending, and transcending others' work. The comparisons with existing literature were elaborated in Chapter □.

Trustworthiness

Establishing the trustworthiness of a grounded theory study is vital. Without trustworthiness, the inductive qualitative research will be worthless and loses its utility. Regarding grounded theory, Glaser and Strauss (1967) stated that the proper criteria for judging the credibility, fittingness, and stability of findings are based on flexible research. These criteria of judgment should be based on the element of actual strategies used for collecting data, and for coding, analyzing, and presenting the data. In this study, the researcher used various methods to achieve trustworthiness related to credibility, fittingness, and stability, which addressed as follows.

Credibility

Credibility is what corresponds roughly with internal validity, which indicates that the findings are trustworthy.

First, the researcher carried out prolonged engagement, sustained attention, and observation in the field throughout the study to provide more time to get more information about the multiple realities experienced by the participants. The researcher involved in the field for nearly two years and three months. The researcher

was able to perceive the truth of the participants' experiences after losing the only child.

Second, the researcher selected the appropriate participants by using the inclusion criteria. The participants' various demographic characteristics were considered in this study, including age, education level, marital status, work status, religious belief, source of personal income as well as the demographic characteristics of the deceased only child, including age, the time length since losing the only child, cause of death, education or occupation.

Third, the researcher established rapport and trustful relationship with the participants before conducting the in-depth interview. All participants were willing to be interviewed and shared their experiences. Most participants were grateful for the opportunity to express themselves because they had never had the opportunity to talk to anyone about their experiences before.

Fourth, this study used a member checking method involved in transcribing, translating, coding, and data analysis to make sure fit, work, and relevant. Regarding the prevention of the researcher's bias, the researcher compared the coding and the categories with the experienced dissertation advisors. Meanwhile, the dissertation seminar course among the professors and doctoral students facilitated confirming the emerged categories in every semester.

Fifth, the researcher used an in-depth interview together with observations

and field notes to collect data to explore the world of Chinese women after losing the only child and collected comprehensive and representative data productively and credibly. The researcher possessed a repertoire of skills and techniques to ensure data collection.

Moreover, after interviewing, the researcher repeatedly watched videos and transcribed verbatim immediately. A qualitative analysis program, namely ATLAS.ti was used to facilitate data analysis. The researcher sufficiently described each necessary detail about the study in the whole dissertation, so that, other researchers would be vicarious in the field. The process of theoretical sampling verified information from various participants and adds the different dimensions of the substantive theory. The researcher summarized the findings based on empirical evidence.

Fittingness จุฬาลงกรณ์มหาวิทยาลัย

Fittingness is an interchangeable term of transferability or generalization. It refers to the potential for extrapolation. Transferability is by reflecting the extent to which the development of the substantive theory as meaningful and applicable that is to which extent transferred to other settings or groups. The researcher showed thick descriptions of the study by providing the widest possible range of information involve time, place, people. The researcher specified the phenomenon, the context, and culture. As well as, the researcher described the scope of the study in terms of the

characteristics of participants; how theoretical sampling was employed to recruit participants. Therefore, plentiful and energetic presentations of sufficiently abstract findings of the study have enhanced transferability to other studies. This study would be transferred to other studies which are in similar situations.

Stability

Dependability and confirmability constitute the stability of findings. In grounded theory, there is no credibility without dependability, which is the degree to which data change over time, under different conditions, and alterations made in decisions of the researcher during the analysis process. Confirmability examined the “objectivity” of the research; that is, another researcher could confirm the study when presented with the same data because of thorough descriptions of how the final finding was derived from data.

The researcher showed the dependability by fully disclosing how the participants recruited, how the theoretical sampling used, how the data was collected in this study step-by-step. During the translation process, the researcher, a bilingual, a translator, and a colleague were involved in forward-translation, back-translation, and team discussion to avoid translation error and to achieve equivalence of translation. A large number of participants’ quotations were also used to disclose raw data.

During the stage of interview guide development, the researcher constantly revised the interview guide according to the data analysis result as well as supervised

by the advisors. The researchers maintain theoretical sensitivity, use a constant comparison method to analyze the data, and use theoretical sampling to guide data collection. Data collection continued until saturation occurred without premature closure. The aspect of theory development was deliberately moving between a micro perspective of the data and a macroscopic conceptual and theoretical understanding.

The researcher used open dialogue within advisors to judge the similarities and the differences of content to be consistent over time. In this study, two dissertation advisors audit trails and were debriefing. The advisor is a nursing researcher, especially experts in grounded theory methodology. She coded independently. Then, she discussed coding with the researcher. The co-advisor is an expert in psychiatric nursing focuses on the meaning of each category or subcategory related to substantive areas.

Confirmability was also achieved by using audit trails by two advisors beginning with the transcripts and ending with the substantive theory about the data's accuracy, relevance, and meaning. There was preservation evidence in terms of video records, field notes, transcripts, memos, and ATLAS.ti program record, all of them support analysis accuracy, theoretical decision, internal consistency, and permits future retrace and scrutiny.

Intersubjective agreements among the researcher and the advisors were

achieved at each step of the data analysis process. The researcher was also always moving back and forth between data and analysis to ensure congruence between data and interpretation. Also, the researcher asked participants for clarification of meanings, slang words, and metaphors during the interview. Moreover, ideas emerging from the data reconfirmed in new data; this gives rise to new ideas that, in turn, verified with already collected data.

To sum up, the credibility, fittingness, and stability of this study have been considered carefully and carried out in order to ensure the trustworthiness of this study. In a word, all multifarious strategies have established the trustworthiness of this study.

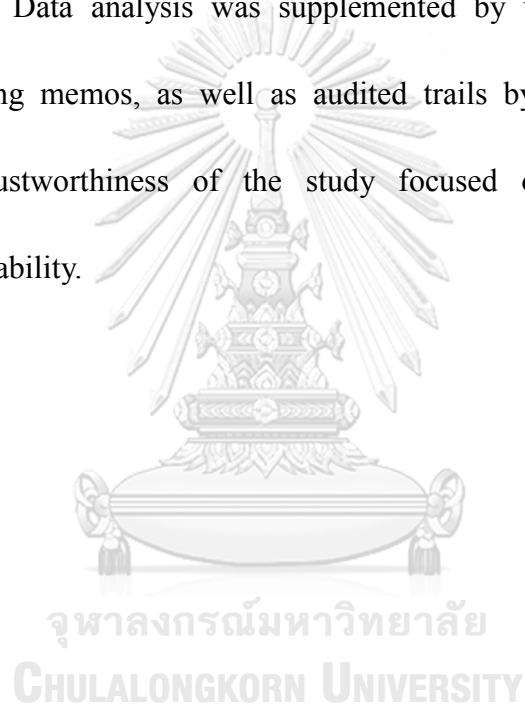
Summary of methodology

This study was a qualitative study, namely grounded theory methodology guided by Glaser (Glaser, 1978, 1998) in order to discover the living process of Chinese women after losing the only child. This study completed by the researcher with audit trails of advisors, which was starting with the first transcript and ending until complete the dissertation.

This study used purposive sampling, snowball sampling, and theoretical sampling to recruit the participants. Data collection used in-depth interview together with observation and field notes. The transcripts were translated from Chinese into

English. The equivalence was ensured by using forward-translation, back-translation, and team discussion by the researcher, a colleague, a translator, and a bilingual.

Data analysis, which was carried out concurrently with data collection, was completed by using the constant comparative method. The researcher generated the data by two types of codes: substantive (open coding and selective coding) codes and theoretical codes. Data analysis was supplemented by using ATLAS.ti program, diagramming, writing memos, as well as audited trails by researcher's dissertation advisors. The trustworthiness of the study focused on enhancing credibility, fittingness, and, stability.



CHAPTER IV

FINDINGS

The purpose of this study is to discover the living process of Chinese women after losing the only child. The findings emerged from the data that were collected by using the in-depth interview, observation, and field notes of thirteen Chinese women who have lost the only child. The data analysis was guided by Glaserian grounded theory methodology using the constant comparative method supported by ATLAS.ti program.

In presenting the findings of this study, some designated formats are adopted to make the explanation clear and easy to follow. For example, the living process is bolded and underlined as a **living process**, the categories are bolded as **categories**, the subcategories are bolded and italicized as ***sub-categories***, and the properties or dimensions of the category are italicized as *dimensions of the category*.

Throughout this chapter, direct quotations like “...*Every night...to fall asleep.*” from the participants were presented to enrich the information and for substantiation. These direct quotations are cited verbatim with no corrections or changes to maintain the style and authenticity of the participants’ statement. Some comments were added to the brackets as necessary to clarify the meaning, for example (*The participant shook her head*). There were no real names appeared to ensure confidentiality.

However, in order to differentiate each participant, the designated format was used. Each quotation was followed by a bracket, participant identifier, and numbers that indicate the chronological order when a quotation was created in ATLAS.ti. For example, (*Participant 13:269*) represents the 269th quotation of the thirteenth participant.

Additionally, in this chapter and chapter V, “*peers*” was used to instead of Chinese transliteration of “(同命人, *tóng mìng rén*),” which means the persons are in the same boat with the participants; that is to say, they have also lost the only child.

An overview of the findings that focus on the living process “**struggling to live a new normal life**,” which emerged as the basic social process of Chinese women after losing the only child was presented firstly. In the following parts, the detail explanations of each phase of **struggling to live a new normal life** were illustrated.

Overview of the findings

Struggling to live a new normal life is the basic social process of Chinese women after losing the only child. **Struggling to live a new normal life** is a process of forming a new life after it had been destroyed because of losing the only child through adapting thoughts and behaviors as well as developing strategies in the day-to-day life of Chinese women in the Chinese context. **Struggling to live a new normal life** consists of three phases in terms of **living in agony**, **coming to term**, and

being alive in a new way.

Struggling to live a new normal life is not linear; it was a phased and dynamic process. Chinese women after losing the only child moved back and forth among three phases. Each phase cannot be distinguished by time because the individual was different. Some participants used a short time moved to another phase, while some participants need a long time. Therefore, what the participants presented were the main sign that distinguished each phase.

Chinese women who have lost the only child define “a new normal life” in their own way. “A new normal life” is different from participants’ life in the past, as well as different from the life of other people who have not lost the only child. It was also not the same meaning as those women who have lost a child may define. Chinese women who have lost the only child knew that they have permanently lost the most beloved and precious child and they could not have a child anymore in their lives. After losing the only child, the hopes of the child-centered in the past have to be cessation. They must relinquish the assumptive that to rely on the only child. However, they were keeping all memories of the only child in mind; they never wholly forget the only child. Under these conditions, Chinese women who have lost the only child put much effort, used various strategies, strived to live in society appropriately, to balance the present with a planned future, and integrated the deceased only child and the life of themselves peacefully. However, due to losing the only child, the “a new normal life”

is surrounded by some adverse triggering situations, such as some events occurred in daily living, festivals, getting sick, seeing a doctor, or being hospitalized. Specifically, Chinese women were living a new normal life with having no child provide support anymore; spending festivals without a child's companion; seeing others enjoy happiness with children and grandchildren. It is "a new normal life" of Chinese women after losing the only child.

Living in agony is the status that Chinese women who have lost the only child were living with extremely or distressingly suffering in day-to-day life after losing the only child. **Living in agony** began when Chinese women knowing the child's death, which was the first phase of living process among Chinese women after losing the only child. It consists of two sub-categories *losing the life anchor* and *sinking in grief and fear*. With knowing *losing the life anchor* made participants *sinking in grief and fear*. *Sinking in grief and fear* which would make them had new perspectives regarding *losing the life anchor*. Participants moved between *losing the life anchor* and *sinking in grief and fear* back and forth.

Coming to term is thoughts and actions of Chinese women who have lost the only child put effort for striving to decrease agony through *accepting loss* and controlling self by developing various strategies over and over again, thereby have the desire to live life. **Coming to term** is the second phase of living process among Chinese women after losing the only child. Chinese women in this study used diverse

strategies that suit self over and over again to come to term. **Coming to term** consists of two sub-categories included *accepting loss and self-controlling*. *Accepting loss* is Chinese women who have lost the only child find reasonable explanations of the child's death to acknowledge and understand death from new positive perspectives. *Accepting loss* thereby reduced participants' grief, stopping denying, not feeling unfair, not feeling angry, not confusing the loss and afterlife, not asking many "why." *Accepting loss* is key turning point. If participants would not accept the loss, they will stay in the first phase. They could not come to term as well as could not move forward to the last phase. *Self-controlling* is Chinese women who have lost the only child rely on their efforts to decrease grief, regain courage and confidence in life through developing strategies.

Coming to term is a gradual process, bit-by-bit, and day-by-day. During the **coming to term** phase, participants accepted the loss. Participants' directly experiences, such as seeing disabled people and beggars still live their life strongly stimulated them to live life. During the **coming to term** phase, Chinese women in this study developed mental strength; thereby they had the desire to live life. Therefore, they moved to the last phase.

Being alive in a new way is actively deal with difficulties in new constructive ways that based on life goals along with the deceased only child among Chinese women who have lost the only child to live a life peacefully. **Being alive in a new**

way consists of three sub-categories, *treasuring the deceased child*, *resetting life goals*, and *reconstructing a new life*. Both *resetting life goals* and *reconstructing a new life* is associated with *treasuring of the deceased only child*. This is why the new way of Chinese women who have lost the only child is different from general women. In order to **being alive in a new way**, participants put much effort to reconstruct a new life after it was destroyed by losing the only child based on *resetting life goals*. It is important to note that during *reconstructing a new life*, participants experienced inadequate abilities to deal with some difficulties and then they moved back to the previous phases; then repeated the whole process. However, it took a shorter time and needed less effort than in the past. Finally, Chinese women in this study achieved a peaceful life. The frequency of *achieving a peaceful life* was getting more and more; positive feelings were getting longer and longer as well as deeper and deeper.

Furthermore, although all participants could *achieving a peaceful life*, some participants just experienced a very short moment of peaceful life. For some participants, they only meet one criterion in *achieving a peaceful life* that is “appreciating.” It was just some seconds or some minutes and then moved back to the previous phases.

Besides the own effort of the participants, the surrounding people and environment took a significant role that affected the living process of Chinese women after losing the only child. This study found that Chinese women’s living process after

losing the only child was driven by receiving support, which is a major influencing factor. Receiving support is Chinese women who have lost the only child gained the psychological, financial, material, and practical assistance of organizations and individuals through the verbal and nonverbal method, which come from others' intention and can be the motivations that force them to deal with the loss and move forward. Receiving support started after the loss immediately and connected all phases and all through the whole living process of Chinese women after losing the only child.

When Chinese women who have lost the only child were **living in agony**, they had received the most support to facilitate them come out from the agony. In the first phase, receiving psychological support such as comfort and enlightenment as well as having someone accompany and cooking for them was common received. The all-day companion is the most effective support, even could reduce suicide occurrence. This study found that, when the participants were **living in agony**, they thought that others should help them. They did not express appreciation. When the participants were **sinking in grief and fear**, they were not easily being able to listen to what others are saying. Receiving support cannot reduce their agony obviously in one time. Receiving support day by day, Chinese women who have lost the only child could see the lights of life through disaster, which gave them the courage and motivation to try to move forward. Furthermore, they received advice, which let them consider their parents and

other bosom people, also made participants recognized that there still someone needs them. All these are the motivations that force the participants to move forward. Then, the participants moved to the second phase.

Receiving support day by day made sense. Receiving support helped participants understand and accept the loss. In the second phase, the all-day companion gradually reduced and changed to visit sometimes. However, a telephone call or a video call was the main kinds of support for receiving the psychological aspect. They receiving support also came from chatting with family members, peers, and other people. The main impact after receiving support can make Chinese women recognize love by knowing there are many people are caring about them and knowing that they are not being neglected and they felt that they were not alone. Moreover, after receiving support, Chinese women recognized others' concern and expectations. Finally, the participants had the courage and desire to try to live a life well; then they moved to the third phase.

During the third phase, the frequency and type of psychological support had gradually decreased. Because other people may believe Chinese women who have lost the only child have strong inner heart and can manage their emotions. Thus, participants received more support from financially, materially, and practically. These supports helped the participants to overcome the difficulties, thereby assist the participants in *reconstructing a new life*. When the participants received support in

the last phase, all of them expressed appreciation.

Moreover, a special kind of support came from the only child's fortitude and wishes. The child's fortitude had a positive influence on motivating Chinese women in this study to live their lives well. A participant described her thought, "*...it is my child's fortitude has been encouraged me to live...my daughter was strong; as a mother, I must be strong*". Surprisingly, most Chinese women in this study used a strategy as not wanting the deceased only child worry about them. A participant shared her thought, "*If I am very suffering all day, I cannot live my life well, and my son will worry about me. (Participant 10:235)*" All these force the participants come to term and **being alive in a new way**.

During the long journey after losing the only child, adverse triggering situations existed in at any time and anywhere. Encountering adverse triggering situations is everything such as scenes, people, place, and objects in surroundings that would lead Chinese women who have lost the only child to think about the deceased child or think about anything, which would bring the negative psychological and emotional feelings to them by experiencing including seeing, hearing, and imagining. It is also an influencing factor in the living process of Chinese women after losing the only child. However, the role of encountering adverse triggering situations is bringing participants back to the previous phases and then repeat the process. Such movement illustrated the dynamic course of the living process of Chinese women who have lost

the only child.

When Chinese women who have lost the only child were **living in agony**, everything would be adverse triggers. Due to the individual differences, there were no clear criteria to distinguish adverse triggering situations at each phase. However, as time goes by and the effectiveness of strategies, some adverse triggering situations that used to affect them have little or no effect on them now. The situations of adverse triggers that affect them were decreasing, the frequency of participants returning to the first phase gradually decreased, the interval times were getting longer and longer, and they were staying in the first phase getting shorter and shorter. Additionally, participants put less effort from the first phase to the second phase as well as less effort from the second phase to the third phase than in the past.

Moreover, this study found that Chinese culture and personal beliefs also take key roles in the living process of Chinese women after losing the only child. The information will be explained in detail in each related part.

Overall, after losing the only child, Chinese women's lives have been completely changed and never the same as they once were. Chinese women who have lost the only child performed the living process of **struggling to live a new normal life**. For easy understanding, the researcher used metaphorical method to illustrate. Like the eleventh participant whose daughter was committed suicide at the age of 16 years old directly said: "*When it was raining in autumn; I could see the leaves were falling. I*

felt that I was a lonely leaf, which was broken by the worm, and almost fall from the tree.” After losing the only child, Chinese women in this study saw themselves as a torn and tumbledown leaf. Finally, they were on the way to be a thick and colorful tree. How was that? The following model shown in Figure 3 illustrates the complete living process of Chinese women after losing the only child, and the following content illustrated the process in detail.



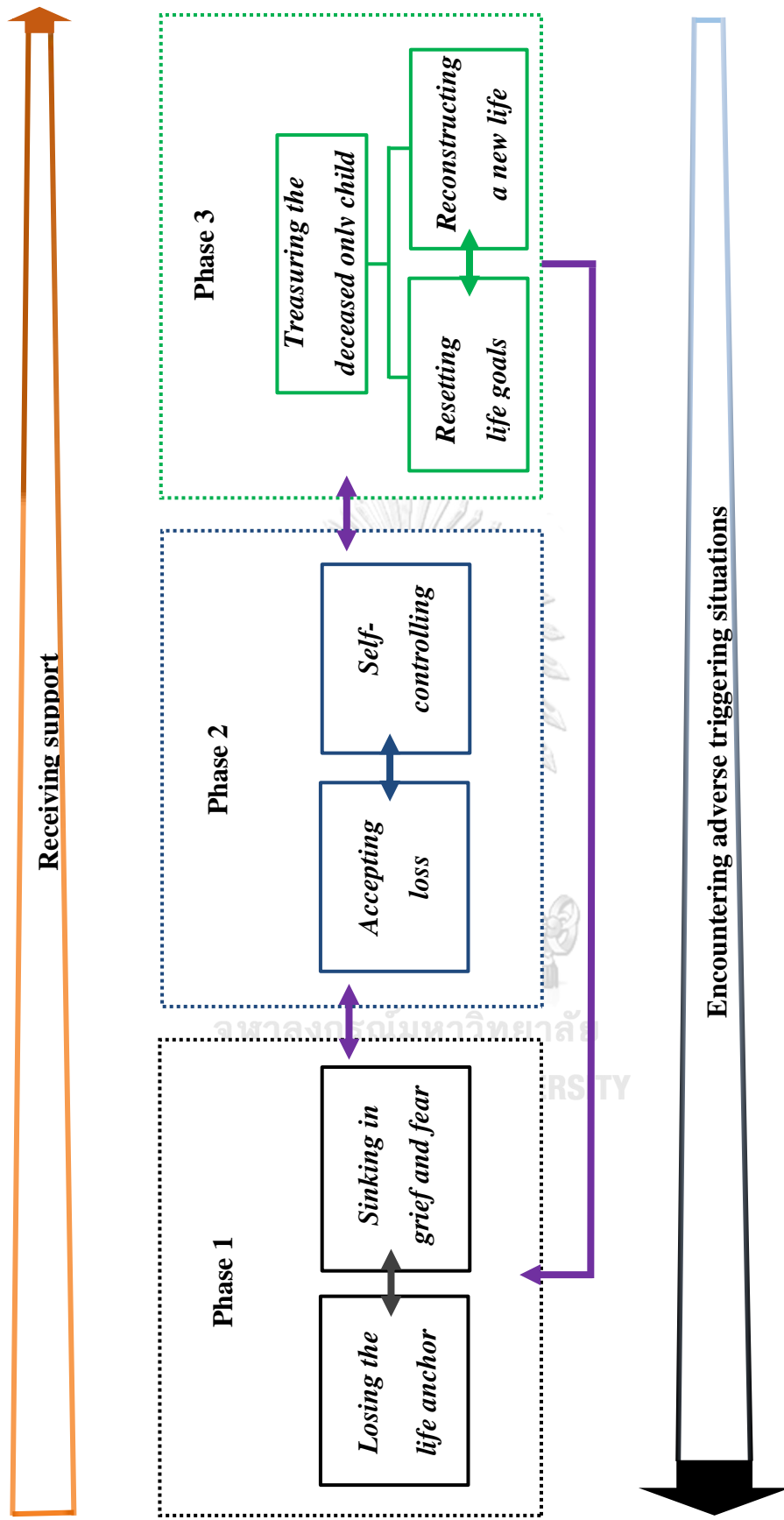


Figure 3 Struggling to live a new normal life

Phase 1: Living in agony

Living in agony is the status that Chinese women who have lost the only child were living with extremely or distressingly suffering in day-to-day life after losing the only child. **Living in agony** began when Chinese women knowing the child's death, which is the first phase of the living process among Chinese women after losing the only child. All participants believed that losing the only child is cruel than any other kind of loss because it is an unendurable and destructive permanent loss. Some participants had a life goal that was only being alive. A participant described directly, "As long as I was alive, that is enough."

Living in agony consists of two sub-categories; *losing the life anchor* and *sinking in grief and fear* (see Figure 4). Each subcategory consists of many dimensions that had no clear sequence in their occurrence; some dimensions existed concurrently. With perspective the loss as *losing the life anchor*, which would make participants were *sinking in grief and fear*. In turn, when participants were *sinking in grief and fear*, which would make them had new perspectives regarding *losing the life anchor*. *Losing the life anchor* and *sinking in grief and fear* can mutually influence and enhancement. Therefore, participants were **living in agony** and moved between *losing the life anchor* and *sinking in grief and fear* back and forth.

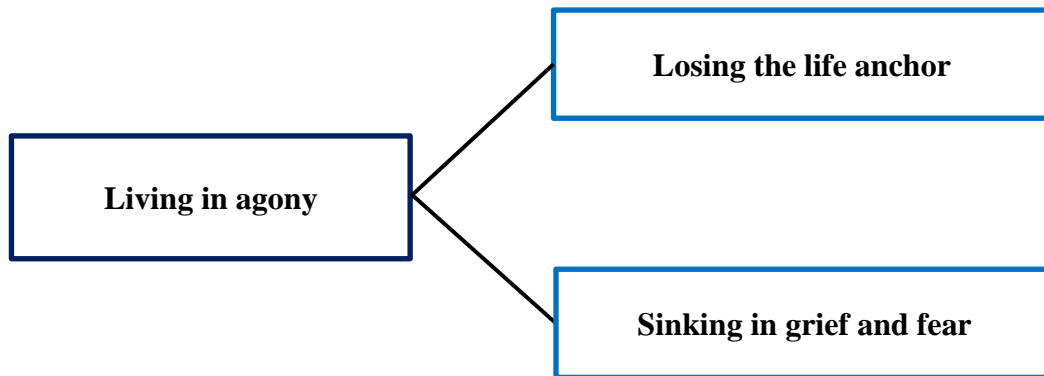


Figure 4 A summary of living in agony

Losing the life anchor

Losing the life anchor is Chinese women who have lost the only child were suffering regarding their perspectives of losing the only child, which involved what they have lost and foreseen the loss based on actual or potential situations. Some perspectives were real, while some perspectives were assumptive based on reality or imagine. ***Losing the life anchor*** made Chinese women who have lost the only child felt grief, fear, hopeless, inferiority, emptiness, helpless, loneliness, regret, and even desire. ***Losing the life anchor*** involved three dimensions (see Figure 5), *losing the most precious only child*, *losing the only family*, and *losing support*, which addressed as follows.

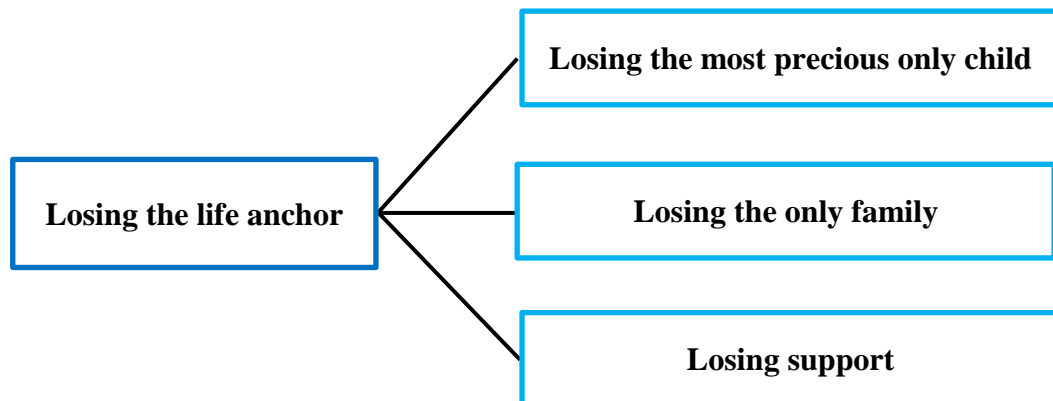


Figure 5 A summary of losing the life anchor

Losing the most precious only child

Losing the most precious only child is Chinese women had lost the only child who most beloved and precious than their lives because they had devoted themselves with all their love, care, time, energy and money to bring up the only child. *Losing the most precious only child* refers to losing the center of life, losing the life continuation, losing the spiritual comfort, losing the future and expectations.

Specifically, the only child was the center of their lives. Since the beginning of pregnancy, the participants had already devoted themselves to the baby. They gave up their hobbies (eating spicy food, running, etcetera) because they thought those behaviors might not be good for the baby. Instead, they ate food which good for the baby even if they hate them. Besides, they did everything carefully, which they thought good for the baby. After the baby was born, they took care of the baby with scrupulousness and circumspection from morning till night. They gave breastfeeding

and bathing, taking the baby to sleep, telling stories, teaching knowledge and skills, and everything they can do. They wanted to give the only child the best things in the world. They regarded the only child as more important than their parents, more important than their husband, more important than their own lives. Participants used a sentence that widely performed by Chinese mothers to describe how they truly loved this only child in terms of “*holding her in my hands but fear of touching; holding her in my mouths but fear of melting (Participant 4:298).*” In the past, the only child was full of their hearts, and everything focused on the only child. Participants perceived *losing the most precious only child* as losing the center of life. Therefore, *losing the most precious child*, participants felt they had lost everything because they have lost the motivation and desire to live their lives. Therefore, after *losing the most precious only child*, the women could not find the “anchor” to tie in themselves. They felt extremely emptiness, loneliness, and helplessness, some participants expressed suicidal thoughts.

All participants perceived that *losing the most precious only child* was consistent with losing the life continuity because no one would carry the bloodline of the family. For this point, losing the only child means losing self physically. Participants thought that they were not a “mother” anymore. They have lost the identity of a mother role. Furthermore, all participants believed that *losing the most precious only child* means losing the opportunity to fulfill the filial piety. They have

lost an opportunity to be a filial daughter.

Participants perceived *losing the most precious only child* as losing spiritual comfort (精神慰藉, *jīng shén wèi jiè*) because they could not receive the only child's concern, companion, communication, and comfort. Although they may get comfort from the government, the organization and other people, participants perceived those supports do not have the same effect as their own only child could provide for mother. Some participants even have no one to talk about words from the inner heart as used to talk with the child.

Losing the most precious only child also means losing the future of life. Participants have lost the opportunity to witness the only child's growth, achievement, and prosperous future, such as having the desired job, getting married, having a lovely child; meanwhile, losing the chance to see grandchildren's growth, which is the delighted expectations. All most all participants committed their unachieved dreams on the only child, for example, to have a high degree of education. After losing the only child, they felt that these dreams that they had for their child and their future lost. For this point, losing the only child means losing self in psychologically. When the participants perceive that they have lost herself in both physical and psychological, they felt hopeless and despair.

Lastly, *losing the most precious only child* means losing the expectation. For example, losing the expectation of waiting for the only child

celebrated Chinese reunite festivals. They had lost the opportunity to enjoy reuniting festivals' joyful moment with them. Moreover, participants have lost the only child who can hold a birthday for mothers as in the past. Contrast, what was accompanying them is grief, loneliness, emptiness, hopeless, and despair. Besides, they also have lost the hope that the only child had promised to them, such as “*will buy a villa and a car for mom*” or “*will knit a scarf for mom after growing up.*”

The participants directly described their perspectives of *losing the most precious only child* as follows.

...After finishing these things (affairs related to the funeral ceremony), I felt empty...There is nothing to look forward to in this world. Nothing left.

(Participant 12:6-9)

...I live my life because I had my daughter so that I had the hope and direction to live... After having my daughter, she was everything, and all for her. I never thought about to live for myself. In other words; the child was gone; everything was gone...Every minute is suffering. I was struggling in grief in every minute...I am not a mother now and never could be a mother. Every mother wishes her daughter to have a good future, to see the daughter gives birth to a baby, to look at the growth of grandchildren, but these dreams shattered (Participant 7:105-108, 120-121)”.

...*She (the participant's daughter) said, "I will buy a villa for you. You like the car; I will buy a car for you, too" ... Moreover, my friends said, if she were alive, she could do...Because my daughter is excellent, she worked as a model. (Participant 2:125-126,224)*

Losing the only family

Losing the only family means no home because of Chinese women who have lost the only child were alone in this world, losing husband after losing the only child, abandoned by husband, divorced after losing the only child. *Losing the only family* made Chinese women felt sad, loneliness, and helpless; what followed was to envy the others' complete and happy family. Losing the only child who was the indispensable of a family reflected *losing the only family*. Details illustrated as follows.

In this study, some participants had no parents and siblings; the only child is the only person with a bloodline of her. Moreover, they divorced since the only child was young; they had no husband, too. Losing the only child, they were alone in this world.

After getting married, some participants tended to think the new family is their own family, and they called the previous growth family as "*my mother's*

family or my father's family"; it was not their family anymore. Therefore, losing the only child, some participants who divorced choose to live alone. After losing the only child, due to grief, health status, different perspectives and personalities, high expectations of the husband, different psychological and emotional status and needs, not enough understanding and caring, neglecting husband's feelings, some participants quarreled with husband and blamed the husband. Some participants were blamed and scold by the husband and husband's families. The conflictions and contradictions were increasing in the family. Finally, those problems could not be resolved and then some participants divorced; some participants abandoned by the child's father because the child's father found another woman who can give birth to continue the family bloodline. These participants who divorced or abandoned by the husband had to suffer the trauma of broken marriage bonds, which increased their pain after losing the only child.

The other couples, although they did not divorce, they had little communication, even no talking. The broken family had lost the way it should have been, and then the participants were struggling in intending to withdraw from marriage or suffering from the poor marital relationship. Moreover, a participant lost her husband after she had lost the only child. They were suffering both losing the only child and *losing the only family*.

The participants demonstrated with straightforward statements

regarding *losing the only family* as follows.

...I divorced after loss for less than one year. His (the deceased child's) father abandoned me because I got schizophrenia. Moreover, I could not be pregnant...Later; he married a peasant and has a child. (Informant 9)

...her father and I squabbled. Because I have a menopausal syndrome, sometimes I feel upset and get angry easily. (Participant 7: 31-32)

...her (the deceased only child's) father and I had less communication. (The researcher asked "Less communication, would you please tell me more about this?") It is very difficult to face the loss of the only child. In China, the family pattern is child-centered. A child is a center and the hope of life. The center has gone, so that my husband and I have many contradictions, mainly in personal characteristic reason. (Participant 5: 130-134)

Losing support

Losing support is Chinese women who have lost the only child had lost assistance in psychologically, financial, material, and practical aspects in daily life and when they are old, ill, and after death. The role of the only child that participants have lost is actual. However, some situations are potential and not occur yet. Some

perspectives were real, but some perspectives were assumptive based on reality or imagine.

In this study, all participants influenced by Chinese culture and Confucianism belief “*raising a child aim at getting support back when the parents older.*” They expected the children to carry the responsibilities and obligations to provide care for them when they are older, get sick, as well as after death. Due to the participants have lost that support, they felt they had lost the one they can rely on in their life. They felt helpless, desire, anxiety, even fear of the future. The future includes nearly future, far future, even after death. *Losing support* consists of four dimensions losing the main caregiver, losing financial support, losing main legal guardian, *losing support* after death.

Losing the main caregiver was Chinese women who have lost the only child had lost a child who can provide care of them in daily life, when older and sick. When the only child was alive, they did many things for the mother, such as doing housework, managing phone problems, arranging the traveling, carrying heavy things. Besides, a companion is a particular kind of daily life support.

After losing the only child, the issue of “*who can provide care*” is the most significant difficulty and the fear of these participants. However, the participants did not want their nephews or nieces provide care for them because they thought it is not the obligation of nephews and nieces, and nephews and nieces need

to provide care of their parents. The participants always asked questions like “*How should I do when...*”

The following statements of the participants demonstrated the issue regarding *losing the main caregiver*.

...When my daughter was alive, she usually drove a car and took his father and I went to many places...When my daughter was alive; she did everything for me... In the past, we (the participant and her husband) had a child, everything we can rely on my daughter. Now the child is gone, no support at all. (Participant 7:314,352-362)

...there is no one would take care of us (the person who have lost the only child). However, who can take care of us, I really do not know... Even no one could give us a cup of warm water. (Participant 6:82, 345-346)

...After the surgery finish, there is no one accompanied me. My hands were so swollen that I couldn't tear paper and blow my nose. (Participant 9:304-305)

...Although my son is a boy, he accompanied me went shopping when he grew up. I was in poor health. He did not need me to do anything.

Everything he can do, he will do. When he was six years old, he cooked for me...I could not rely on my son anymore. (Participant 8: 269-272, 517)

Losing financial support is Chinese women who have lost the only child had lost a child who can give them money or material support. Children are a financial guarantee for their parents, especially when parents have no income. In this study, some of the deceased only child had already worked and supported their mothers financially. However, after losing the only child, relying on financial aspect support from the only child would not achieve anymore. The participants' income is not high, and most of them had economic difficulties. The cause will be illustrated in encountering adverse situations section.

The example of a participant's concern regarding losing financial support was as shown below.

...if my child was live; I would have a house to live...If my child was alive, and he would earn money to buy medicine for me. No one is now...I have lost the support...for my rest life (Participant 9: 414, 452)

Losing main legal guardian is Chinese women who have lost the only child had lost a child who can provide a signature for them or be an emergency contact. There were many situations during the remaining life of Chinese women that

need a signature from a legal guardian, for example, hospitalization, surgery, anesthesia, specialized examination and treatment, blood transfusion therapy. But no legal guardian could sign for the participants.

Participants expressed regarding losing main legal guardian as follows.

...When I woke up (after rescuing from committed suicide), they asked me to tell them information about the contact person...I divorced in 1984...I have no relatives...no parents, no children, no brothers, and no sisters...I have no contact person. (Participant 8: 30-31, 74, 143, 526)

...However, like my daughter just passed away for more than one month, I have the gall-stone, serious pain, I need surgery, but nobody could sign for me. (Participant 1:155)

Losing support after death is Chinese women who have lost the only child had lost a child who can manage various matters after the participants' death. Participants knew that the Chinese traditional funeral culture is complex and particular; these matters involved wear new clothes for the deceased; choose the day of the funeral and report; hold soul-calling ceremony; wear special clothes for the deceased to exonerate their sin; place the casket; hold "do seven", one sacrifice every seven days until the forty-nine days; burning for seven days, 100 days, one year and

three years anniversary; offering libation on every sacrifice festival. However, there is no child could carry on these kinds of supports.

An example of participants' concern regarding no child provided support after death as follows.

...We raised the child, hope that he would take the responsibility to care us when we are old and do the funeral of us. (Participant 6:29)

Sinking in grief and fear

Sinking in grief and fear is Chinese women who have lost the only child were suffering because of grief and fear. It had many manifestations that expressed in many ways involved psychologically, physically, behaviorally and socially (see Figure 6). This study found that the degree of grief is not related to the gender of the deceased only child but is related to the relationship between the mother and the child. This relationship refers not only to actual distance, such as living together but also refers to psychological distance. The closer and better relationship between the mother and the only child, the more grief of the mother will be. The better the mother's evaluation and satisfaction of the only child, the deeper the mothers' grief were. Here, grief in this study is the general term for expressing sadness, pain, sorrow, upset, and distress. Fear is the general term for expressing worry, anxiety, and being afraid. In this study, after losing the only child, every participant suffered grief and

fear. Some participants were *sinking in grief and fear* since wake up until fall asleep, even during their dream. The manifestations of *sinking in grief and fear* illustrated as follows.

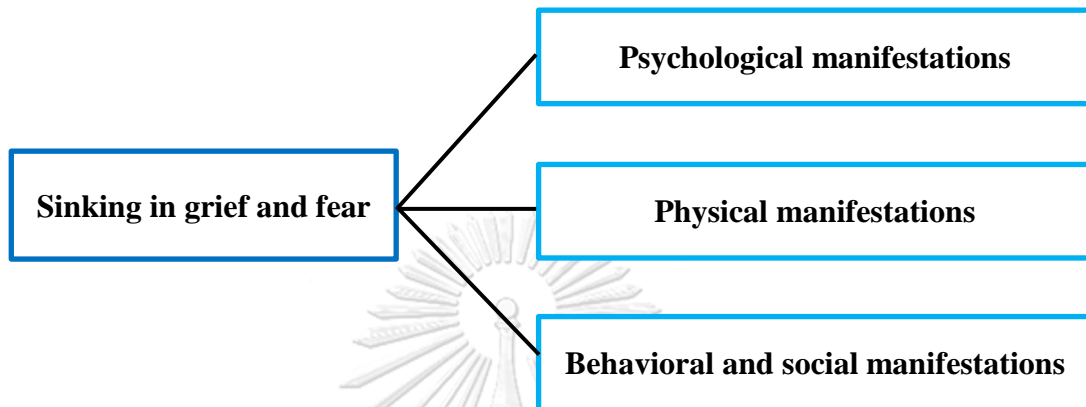


Figure 6 A summary of sinking in grief and fear

Psychological manifestations refer to the mental, emotional, and cognitive state of grief and fear of Chinese women who have lost the only child. Psychological manifestations expressed in many ways. These manifestations have no specific order, and some of them can exist concurrently. However, denying, being unable to bear the loss, and not understanding appeared early.

Denying is Chinese women who have lost the only child not believe the loss and not accept the loss as a truth. A participant demonstrated with straightforward statements, “*I was not willing to believe the truth. (Participant 13: 38)*” and another participant said directly, “*I cannot accept it (the death of the only child) at all. I could not believe (Participant 11: 23-24)*”. This study also found that the

higher the satisfaction and expectation for the only child, the more unacceptable for the only child's death.

Being unable to bear the loss is Chinese women who have lost the only child cannot bear the loss, which expressed in undergoing psychological, mental or soul shock; collapsing; losing mind, knowing nothing; heartbreaking; despairing, and having suicidal thoughts. Almost all Chinese women who have lost the only child had suicide thought in this study. This study found that experienced an unexpected loss such as losing the only child because of accident or suicide; participants expressed shocked or devastated when they knew the loss because they had no preparation at all. Some participants have been in severe unable to bear the loss and eventually led to having a psychiatric disorder, such as visual hallucination, auditory hallucination, visceral hallucination. Examples include the participants heard the deceased child said to her, felt the only child's photo was smiling while talking to the deceased only child's photo, felt heart and liver had been pulled out.

The quotations supported the above findings as follows.

...Sometimes, when I talk, he smiled. (The researcher asked: Sorry, I do not understand. What do you mean?) I mean, I talk to my son's photo, talking and talking, my son's photo will smile. (Participant 3: 169-170)

...After my son passed away, I could not bear it. I almost collapse. I got

schizophrenia. (The researcher asked: What are the symptoms?) I felt my heart and liver had been pulled out. The doctor told me that it is a visceral hallucination. (Participant 9: 48-52)

...My most concerned person has left me; I do not want to live in this world anymore. (Participant 12:10)

Not understanding is Chinese women who have lost the only child confused or bewildered about the loss. They always asked, “*Why?*” For example, *why I lost my child? Why did the child leave so young? Why did I have this destiny? Why did I not do bad things but suffer such bad luck?* Some participants felt unfair, expressed anger, and rebellious. The anger was related to their inability to accept the death of the only child. All of them blame the “one-child policy” because if there is no one-child policy to restrict them have only one child, they could not permanently lose the only child and become childless women. Some participants also angered with husband and blamed the husband because they believe the husband cause the loss. Furthermore, participants began to pay attention to think about where the deceased child goes after death, “*Is there an afterlife?*” “*Does the deceased child go to heaven?*” “*Do they have a good life?*”

Examples of quotations regarding not understanding addressed as

follows.

...My child is better behaved and more obedient than other colleagues' children are...I absolutely could not understand...I just think about why all the things happened to me. (Participant 4:3-6, 58)

...I pray to Jesus every day and ask whether my daughter has left us and meet him. (Participant 5:4)

...At that time, the government said, "Have only one child, and the government will provide support when old." Other countries are voluntary to deliver one child. However, we were forced by the government. At that time, I was a self-employed person. I will be confiscated with a business license if I have a second child. I had to abort because of the country's call. Otherwise, I can't just have one child. I lost one, I still have another one...He (the participant's husband) gambled, he did not care about the family, and he rarely accompanied us let alone take care of my son. Anyway, I always feel that because of him my son got this disease. I could not forgive him in my heart. (Participant 12:146-151, 241-243)

...Because we lost the only child. We have suffered great pain. The

country's one-child policy is really a big mistake. (Participant 10:340-341)

Feeling guilty refers to thoughts and feelings of Chinese women who have lost the only child felt sorry to the deceased only child. In this study, Chinese women feel guilty about their actions or inactions, which they thought it is their fault or culpability caused the loss. Therefore, they blamed themselves. Examples of their actions caused the loss as spoiled the child so that made the child cannot withstand setbacks, and finally, the child was depression and died; too strict to the child in terms of study, which caused the child got cancer and died. Examples of their inactions caused the loss, not communicated the child timely so that the child suicide, not calling to the child so that the child missed the chance of rescue and passed away. Even though they may not be the cause of the child's death, for examples uncontrollable or unpreventable death such as fire disaster and motorcycle accident, they still felt guilty and blamed themselves.

Chinese women in this study felt guilty and blamed themselves were also related not to fulfill the mother's responsibilities. For example, not caring the only child enough, not taking good care of the only child in daily life, not looking after the only child during sick, not being along with when the child passed away, rarely accompanying the only child, not giving a good life to the only child and let the only child lived a hardship life. Chinese women in this study outliving than their only

child made them felt guilty, too. Because they believed that it should the children have a long life than their parents. Moreover, they also felt guilty for their deceased parents and ancestors because there will be no posterity would worship them.

The quotations demonstrated the participants' guilty as follows.

...In fact, at the time, we did not think so much, and we did not talk to her (the participant's daughter) too much...Unexpectedly, she committed suicide three days later...I blamed myself for ignoring my child...I thought that I did not communicate with her in time. I did not enlighten her so that she committed suicide. I am particularly guilty. I always blame myself.
(Participant 11: 216-229, 543-545)

...I did not take good care of him so that let him pass away...I did not fulfill my responsibilities. Therefore, I blame myself...In short, I feel sorry to him...when my son was sick; I had no chance to accompany and take care of him. I felt guilty. (Participant 6:89-94, 290)

Yearning for the deceased only child is Chinese women who have lost the only child longing for the deceased only child and suffering from the missing of the only child. Everything related to the deceased only child occupied the participants' mind. Chinese women who have lost the only child yearning for the deceased only

child is a long-term feeling; it could last from after loss immediately to several decades. When Chinese women were **living in agony**, they were yearning for the deceased only child very much; the frequency of yearning for the deceased only child is quite often, such as all-day or always. Chinese women hardly escape yearning for the deceased only child particular because the triggering situations, which remind them to think of the deceased child at anytime and anywhere. For this point will present in the encountering adverse situations section. Yearning can also occur without a trigger. It seems like participants can yearn at any time and any place, for example, walking on the street or during eating, they suddenly yearning for the deceased only child without triggers. It was found that the length of time after the loss could reduce the degree of yearning. However, it does not mean that the longer after the loss, the less yearning they were. For example, in this study, some participants were yearning their deceased only child every day, even after the loss for more than eighteen years; while some participants were not yearning for the deceased only child so much although they just have lost the only child less than five years. Moreover, yearning for the deceased only child was stronger during festivals and encountering some difficulties.

Chinese women who have lost the only child yearning for the deceased only child expressed mentally seeing the growth pictures of the deceased only child and recalling everything of the deceased only child, especially in

childhood. They recalled how cute of the only child, how behaved of the only child, as well as recalled what the deceased only child said such as want to be a president, want to see mother happy, and so on. They also recalled what they did with the deceased only child, such as watching the television, shopping, talking with the only child, playing games. They were recalling and yearning for the only child more.

The following quotations demonstrated the above findings.

...The grief and longing of losing my daughter, who was more important than my life, I always longing for her (the participant's daughter)... (Participant 11: 530)

...I will miss my son... it is very hard to let it go. For half a year, I was in this (yearning the only child every day) state. (Participant 10: 60-61)

Feeling inferiority is Chinese women who have lost the only child felt lower in status and ability than other people because of losing the only child. In this study, inferiority is a general term to describe feeling worthless, having low self-esteem, and lacking self-confidence. Stigmatizing themselves is the main reason that caused them to feeling inferiority. Stigmatizing means Chinese women labeled themselves as a loser, a non-filial person, bad luck, a bitter person, and a member of a vulnerable group. They saw themselves as a loser because they thought they made the

only child died. Moreover, they had no family.

Participants believed Confucianism belief regarding “*nothing is more non-filial than having no children.*” Therefore, participants labeled themselves as a non-filial person because they cannot fulfill filial piety and perform the role to carry on the continuation of the family. They believed that have no child is the biggest non-filial, and they anticipate that others will look down upon them.

Most participants used the Karma or retribution to explain the cause of death. Therefore, they stigmatized themselves as “bad luck” because they received bad Karma and retributions and then experienced a disaster of losing the only child, which was a punishment for their evil deeds. They believed that they were suffering these current struggles because of the Karma. They thought they had no chance to be with the dying child is because of their sin; they had to suffer the current destiny because they could not avoid repaying such sin. Besides, feeling inferiority not only came from participants’ assumptions or imaginations but also came from their experience in daily life. The thirteenth participant had experienced “bad luck” and suffered a lot.

Feeling inferiority, in particular, occurred when Chinese women who have lost the only child compared with other families. For example, other people had children and grandchildren; while they had no child anymore. Chinese women felt inferiority also because they felt that they had no topic to talk under the context

that the Chinese prefer talking about the popular topic that is related to a child. This study also found feeling inferiority made participants extremely sensitive; everything would alert them to make them grief.

The following quotations illustrated participants' feeling of inferiority.

...I was a little afraid to talk, and I felt inferior...I considered about others talked about the children, only I could talk nothing. (Participant 3: 6-9)

...Particularly, the Chinese traditional belief of "there are three kinds of non-filially piety, no child is the biggest one" has been for thousands of years. I lost my son; I feel faceless to face the ancestors after I pass away...I had broken the four generations of the life continuation...Like weddings; I have never been to participate. Because I think I am the person whose son had died; I am bad luck. (Participant 12:71-75, 141-142)

...Once, I went to a restaurant for dinner. It is a newly opened restaurant. The waiter asked me why my child was not with me. I said my daughter has passed away. After a while, the boss came out and drove me away. He said, please do not bring bad luck to their restaurant. (Tears were

in the participants' eyes. The researcher gave tissues to the participant and wait about 30 seconds.) (Participant 13:59-61)

Having depression is Chinese women who have lost the only child undergoing severe dejection and despondency, typically felt over a period of time and accompanied by feelings of worthless, feeling everything was wrong, hopelessness or overwhelming despair; having suicide thought, loss confidence, loss interest in activities and loss dreams as well as plans for the future. Moreover, they thought themselves as a burden.

One participant told her story as follows.

...I knew from the Internet, my state, such as I didn't want to live life, I felt that I was a burden, I felt that everything was wrong, was a psychological problem that is depression. (Participant 11: 306)

Feeling regret refers to a feeling of sadness or disappointment over something of Chinese women who have lost the only child that has not been done nor has no chance to do. Some participants described their profound regret about not being with the child at the moment of death. It was related to Chinese culture. Typically, Chinese people hope to accompany the dying persons and to listen to some words of their will before they passed away. Another example that made the

participants felt regrets like having no chance to cure the only child, such as fire disaster and motorcycle accident. This study found that these women had more considerable regret than those who had a chance to treat their children.

Moreover, not being with the dying child and having a few times being together with the only child when they were alive also were the causes of regret. Feeling regret also expressed when Chinese women realized that their only child could not enjoy life, especially the future good life because every participant desires her child could live a wonderful life. There is a special kind of feeling regret, namely having a psychological discrepancy, and it occurred when participants contrast life with their previous admired family or compared with others' families. They felt having a psychological discrepancy, so that feel regret because they thought they had lost an admired family.

The participants demonstrated their regret as follows.

...(Would you please tell me the cause of the death?) Motorcycle accident. Other children passed away cause of disease. At least, the parents had a chance to treat the child. I do not even have a chance to treat my child. I feel very regret. (Participant 9:478-481)

...I did not take care of my son during he was sick. Moreover, I was not aside with him when he passed away. I am very regretful. (Participant 6:52-

54)

Feeling fear is described as feelings of extreme anxiety and worry for now and future that related to actual or potential events as well as assumptions. In this study, the feelings involved anxiety, being afraid, and worry were categorized to feeling fear. On the long journey of life after losing the only child, Chinese women who have lost the only child experienced fear universally. In daily life, participants experienced fear about an awful future. This study found that the strong fear related to when participants need care and support but no one could provide care for them.

Chinese women who have lost the only child have various types of fear. The most common fear in this study is fear of no one could provide care when they were old, sick, and hospitalization. Regarding this point, participants fear of getting sick as well as seeing a doctor. In addition, Chinese women in this study worry about the financial issue and housing issue. Other types of fear emerged from data were fear of living without dignity, feeling fear of festivals, being afraid of seeing other people, fear of accident occur, worrying about the deceased child. However, clearly distinguishing one type of fear from others is not easy because participants can develop several types of fear when experiencing only one situation. For example, in the situation of living alone, participants felt fearful and fear of no one knows what happened to them such as fall, seriously sick, even pass away. Also, one type of fear

can be the source of other types of fear, that is to say, one fear causes other types of fear. For example, feeling anxiety has no money to pay the treatment fee is the source of the fear of getting sick. Finally, several types of fear in Chinese women after losing the only-child had to discuss together. When the participants were in this phase, even though thought about the terrible future would make them much anxiety, but they cannot control themselves, so that they still did so.

Undergoing diseases or after taking surgery as well as getting older and older, Chinese women who have lost the only child could not take care of themselves. They need someone to provide care to them. Because of losing the main caregiver, all participants felt fear of getting sick and being hospitalized. Participants fear of getting both physical problems, especially disabled, as well as some kinds of health problems such as Alzheimer's disease.

Therefore, most participants expressed their fear, for example, who can give money when they too old to earn money, who can provide an accommodation for them, who can provide a meal, who can buy medicine.

Specifically, they felt fear about when getting sick could not get up even no one could give a cup of warm water; fear no one could send them to the hospital when they could not go by self; fear no one could take care of them when they will be hospitalized and no one could provide care, visit, and accompany; they fear of emergency situation like suddenly sick, fall, and pass away but no one knows.

They feel fear of no signature, and they could not get treatment in time. Some participants intend to live in a nursing home or an elderly care center, but they could not because they have no legal guardian to sign for them. These participants may face no place to live in the future. Some contingency situations need emergency contact. However, some participants not have. Therefore, the participants expressed their anxiety and worry.

Participants felt anxiety because no one would manage the funeral and performs many rituals for them. As well they fear without these rituals their souls will suffer untold and unending hardships and no hope of reincarnation.

Examples were shown below.

...The main thing is I fear of hospitalization. I must face so many people if I hospitalization. I had once suffering experience is enough. I do not want to be hospitalized again...Others are in hospitalized, they have sons, daughters, sons-in-law, daughters-in-law, grandchildren, nephews, and nieces to visit. What do I have? Who can come to visit me? (Participant 8: 269-272,366-362)

...We are worried about whether we can live in the nursing home or elderly care center because we have no child so that there is no signature from the guardian. (Participant 7:146)

...What should I do when I pass away but nobody will hold the funeral for me? Just think about these things. Then, I feel sad and anxious.

(Participant 9:235-236)

Feeling fear of living without dignity is Chinese women who have lost the only child felt fear of being laugh at by other people. It is the subjective assumption and imaginary of themselves. Feeling fear of living without dignity involved feeling fear of being in derision, of being looked down, of being laughed at, and of being disgusted. The main cause of feeling fear of living without dignity is because of their belief related to Karma and retribution as well as filial piety aspect. Another cause is related to their self-esteem. Chinese women in this study were afraid of crying in front of other people because they were afraid of being laughed at, too. In Chinese saying is “*losing face*.” Chinese women in this study feeling fear of meeting other people, feeling fear of going outside, and feeling fear of talking with other people because they were afraid of being known by other people that they have lost the only child and being asked about the child. Participants believe in contact the “bad luck” will follow the bad luck and had a bad influence. Therefore, they were afraid of being disgusted by others. They foresee a consequence. That is to say; other people would stay away or distance from them. Besides, they perceived that their parents and

their family members may be also be socially ostracized. These considerations, assumptions, and imaginations made the participants scared to live a life without dignity.

A few participants did not stigmatize themselves. However, they were afraid that other people would make remarks by believing they had mistreated their children or committed a bad deed against someone in life.

Participants described the fear of living without dignity as follows.

...In Chinese culture, no child is the biggest non-filially. I am afraid of someone laughed us. (Participant 5:89-90)

...I am afraid to see others...I thought they would laugh at me because I lost my son...In my heart, I was always afraid that others will laugh at us. I was afraid of somebody else said that: they must have done bad things, now they got such retribution. Therefore, I...am afraid of meeting anyone else. (Participant 6:90-110)

...I feel fear about they would say that I lost my son because I have done bad deeds. That's retribution. I have esteem. I do not want others to look me with contempt. I am afraid to live without dignity. (Participant

9:352-355)

Feeling fear of festivals or holidays is Chinese women after losing the only child felt the anxiety start before the festivals coming and suffering during and after festivals. Participants thought every festival or holiday is the disaster, especially the reunion festivals and festivals for mourning the deceased. With knowing or thinking other families enjoy happiness with their family members or relatives during some festivals and holidays made the participants felt sad and strong loneliness as well as yearning for the deceased only child. More details presented at encountering adverse triggering situations section.

Worrying about housing issues is Chinese women who have lost the only child concern about living place. Some participants have no own house so that they worried about where can live. One participant expressed, “...*I worry about where I can live in the future...My husband is 8 years older than me. I fear that in case my husband passes away earlier than me, his sister and his daughter will not let me live here...When I think about it, I feel anxious. (Participant: 9: 233, 395,475).*”

Participants worried about living alone partially because of feeling lonely and feeling fearful. Some participants expressed their fear of the night time moment, especially when they were alone. Although the fear of the dark and fear of alone usually occur concurrently, the fear of being alone can occur without fear of

the dark. It is a kind of nearly future and it is particularly recent future. In one day, the closer to the night, the more they expressed fear. This type of fear was stimulated by dark. A woman expressed she felt fear of living alone because of the sense of loneliness and fear, “...*I am afraid of being alone at home, especially, at night. When I am alone at home...I will be fearful. That feeling is terrible. (Participant 9:65-68).*”

Participants worried about living alone partially because of worrying about an imaginary situation. Feeling fear about the accident happened but they could not handle, such as falling, taking the wrong medicine, suddenly sick. A participant provided her fear of fall: “*Some days ago, I fell in the bathroom once. And I fell on the balcony once. I lost my hair... I felt chest distress, palpitation, and sweating. I did not know how I had fallen. I do not know how long I have been lying on the door. I fear it will happen again. (Participant 8:412-419)*” Another participant also expressed her worry of taking wrong medicine: “*...just like I took the wrong medicine, I do not know what to do...I felt very helpless. (Participant 7:210, 229)*”

This study also found that even knowing the situation of other people was also the source of their fear, such as knowing someone passed away, but nobody knows. One participant described, “*...Someone passed away at home, no one knows until found a pile of bones. In fact, this is also what I worried...Such as a person living alone, in case the person falls, no one knows... (Participant 1:139,169).*”

Surprisingly, some participants were afraid of being diagnosed

with a disease so that they chose completely not going to the hospital for a medical examination. A woman expressed her fear like this, *“I feel fear of go to the hospital. I am afraid of checking out with any disease (Participant 8:341-342)”*. Another woman responded the same concern, *“I do not want to check my health...I am afraid of what is wrong with the medical examination result. (Participant 1: 158-161).”*

Chinese women who have lost the only child also felt fear of no one would take care of the deceased child’s tomb. This fear related to worry about death. A woman described her worry: *“...If I died, who will go to visit my son? Who can take care of his cemetery? (Participant 8:176)”* Worrying about the deceased child was also related to worry about no one take care of deceased child’s photos. A woman expressed her worry: *“I have many photos of her (the participant’s daughter). Because she is a model, some companies always take photos, CD, and DVD for her. Some photos are very big... I am thinking about someday, I will pass away, too. Nobody can take care of them (the photos, CD, DVD of her daughter). (Participant 2:110-115).”*

Physical manifestations

Physical manifestations refer to the body status of Chinese women after losing the only child after knowing the loss immediately and when they are thinking of the loss as well as suffering physical problems. In this study, *physical*

manifestations expressed in after knowing the loss and when they are thinking of the loss, such as feeling weakness, hardly breathing, hand and body shaking, barely standing, sweating, tightness in the chest, being unable to cry, feeling dizziness, feeling brain completely blank, numbness, almost fainting, and syncope.

The quotation is the example of *physical manifestations*.

...When we arrived at the university, I saw two students accompanied his (the deceased only child's) father, and then he (the deceased only child's father) told me our son passed away yesterday. Suddenly, I almost fainted and unable to cry...My legs were very weak. I could hardly stand. I felt dizziness, too. (Participant 6: 18-24)

All participants believed that psychological grieving and physical health is mutual impacted. As one participant said, “*As long as the mood is not good, the disease will be serious (Participant 11: 209)*”. In this study, participants who have been long-term psychological afflicted began to get sick, or the previous disease was getting worse. Some participants’ immunity declined, they got sick often, and then they suffered the disease. Got sick but no caregiver could provide care made participants grief.

Physical manifestations expressed in suffering physical problems. In this study, almost all participants had health problems. Some participants have more

than one kind of disease at the same time. More than half of the participants had the experience of surgery. When participants were suffering in physical, they could have new perspectives about losing the anchor. For example, some participants did not do surgery, they did not know there need to provide a signature from the guardian, but when they experienced, they understand more about *losing the anchor*. Moreover, when they got sick, even hospitalization, they will suffer from no caregiver, no financial support, and no one visit. All of these will make them *sinking in grief and fear*.

The disease of these participants included having circulation system disease (e.g., hypertension, having coronary heart disease, having congenital heart disease, having venous thrombosis, feeling palpitation, etcetera), having nervous system disease (e.g., having neuropathic headache, sleeping disorder, fainting, etcetera), having respiratory system diseases (e.g., having chronic pharyngitis, having chronic bronchitis, having acute pneumonia, etcetera), having digestive system diseases (e.g., having gastric cancer, peritonitis, gall-stone, etcetera), having menopausal syndrome (e.g., feeling upset, feeling anxiety, getting angry easily, having abnormal menstruation, ovarian cyst, etcetera), having vitreous opacity and diminution of vision, having herpes zoster, backache and legs pain, and so on. In this study, sleeping disorder including insomnia, dreaminess, waking up repeatedly at night (even waking up with tears), waking up early, even have a night terror or

dreamed the deceased child. Some participants much grief when they insomnia or after dreamed the deceased only child and wake up, because they knew that their lives could not have the child anymore. These health problems, in turn, exacerbate psychological grief and create a vicious cycle.

The participant's statement addressed as follows.

...In one month, I have lost 12.5 kilograms since 48 kilograms...four months ago, I hospitalized with acute pneumonia...I was diagnosed with the early stage of gastric cancer...My stomach still pain...I could not see clearly because I always cry. Recently three years, my heart is not good. I have back pain, as well as legs pain. (Participant 8: 36, 344-358, 551-553)

Behavioral and social manifestations

Behavioral and social manifestations expressed in the way in Chinese women who have lost the only child acted or conducted themselves. Behavioral manifestations expressed in smoking and drinking, altering dietary patterns such as not eating or easy eating, not sleeping, sighing, blaming self and others, yelling at others, not talking to others, not participating in any activities, not doing exercise or reducing physical activity. Some of these behavioral had affected their health, even they knew, they still do so. Some participants committed suicide by eating hypnotics or cutting wrists.

Behavioral manifestations also expressed in managing and participating deceased child's funeral, watching the deceased child's photos (including on computer, smart photos, and photo album) especially when they were yearning for the deceased only child, visiting the deceased only child at their cemetery. This study found that these behavioral strengthen reminded the participants that death is a reality, thereby increase their grief. Although one woman got sick after visiting the child, they still visited the deceased only child at the cemetery every month until two years after the loss.

Crying is the actions that Chinese women shed tears, mainly because of sadness. Here, the meaning of crying is including crying disconsolately, crying bitterly, crying loudly, weeping, and having tears in eyes. Typically, crying is out of control. Participants were crying when having some feelings (e.g., feeling sad, feeling hard, yearning for the deceased child, feeling so tired, not being understood or being wronged) or confront some situations (e.g., things did not go well, during festivals, seeing the deceased child's photos). Also, crying would occur during talking, after coming back from the cemetery and others' family, after waking up, after quarreling with husband, watching TV, listening to an ordinary song. They usually cried at home.

After losing the only child, most participants cried every day and each day cried many times. When they felt much grief, they cried loudly, crying bitterly and disconsolately. This study found that crying had a side effect; for example,

uncontrollable crying made participants not want to eat as well as could not sleep. Sometimes, crying made participants caught a cold, rising blood pressure, feel dizziness and headache, and even hospitalization. When participants were **living in agony**, it seems every scene, everything would let them feel sad, and then they want to cry, and then they will cry.

This study found that feeling inferiority affected participants' behaviors and made them close themselves and intentionally withdrew from interpersonal communication and activities result in social withdrawing. The first phase of the living process is a period of inactivity time, where the participants separated themselves from others. The properties of social manifestation are isolation and immobility. For example, not going outside, not communicating with others, especially outsiders (e.g., not meeting others, not contacting others, not staying with others, and not talking to others); not participating in activities although it was sources of happiness before the loss. Outsiders mainly refer to people who have not lost the only child. It also refers to any unfamiliar people other than family members, relatives, friends, and other acquaintances. This study found that some Chinese women intended to far away from the family members and other relatives, which is a special kind of losing a family. Some participants did not go out more than a half year.

The quotations described the behavioral and social manifestation of participants as follows.

...After committing suicide, I have not been gone outside for 128 days...I was lying in bed or on the sofa all day...Unconsciously, the day will be dark. Like this, day by day. I did not want to get in touch with people. I did not care about anything. I did not want to communicate with others. I did not need others to care about me, and I did not want to care about others...My friends' economic conditions are very good...After losing my son; I did not want to contact them. They have children. I have nothing.
(Participant 12: 22-41, 397-400)

...In the days when I did not go outside, I can only cry. I have no mood to eat and did not eat. I could not sleep at night. Alternatively, I hardly fell asleep and suddenly woke up with tears. (Participant 7: 19-22)

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Phase 2: Coming to term

Coming to term is thoughts and actions of Chinese women who have lost the only child put effort for striving to decrease agony through *accepting loss* and controlling self by developing various strategies over and over again, thereby have the desire to live life. The strategies had no particular sequence in their occurrence. Some strategies were used simultaneously, and some strategies were reciprocal. Every Chinese woman in this study has tried to use more than one strategy. They can use

different strategies to achieve the same aim. The same strategy can also be used in different situations. The strategy itself is not good or bad. The best strategy is to suit self. Chinese women in this study used diverse strategies that suit self over and over again to come to term.

This phase crying is a strategy that participants used as a way to release emotions further to reduce agony. This study found that crying is the most dominating and effective way for all participants. All participants claimed that after crying, they felt better.

Coming to term has two sub-categories, including *accepting loss* and *self-controlling* (see Figure 7). *Accepting loss* and *self-controlling* were mutual influencing; participants moved between them. *Accepting loss* and *self-controlling* together achieve **coming to term**.

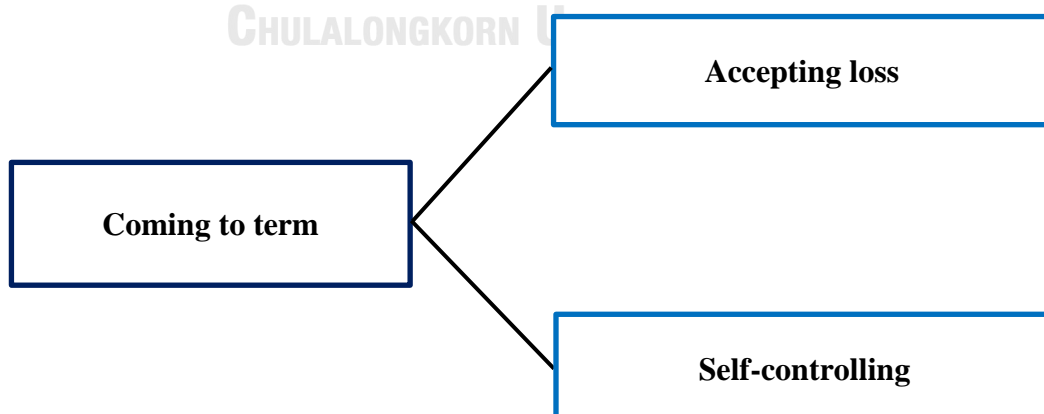


Figure 7 A summary of coming to term

Accepting loss

Accepting loss is Chinese women who have lost the only child find reasonable explanations of the child's death to acknowledge and understand death from new positive perspectives. *Accepting loss* thereby reduced participants' agony, especially cause of self-blaming and not understanding. The manifestations of *accepting loss* refer to stop denying, not confusing the loss and afterlife, giving up the idea of relying on the only child, not feeling unfair, not feeling angry, not asking "why" such as *why lost the child and why have this destiny*. Receiving support especially psychological support had taken a key role to help participants accept the loss. Details illustrated at receiving support section. Moreover, this study found Chinese women in this study through five strategies to accept the loss involved *believing loss because of fate, ending the suffering of the only child, turning to religion, finding similar cases, and providing rituals after child passed away* (see Figure 8).

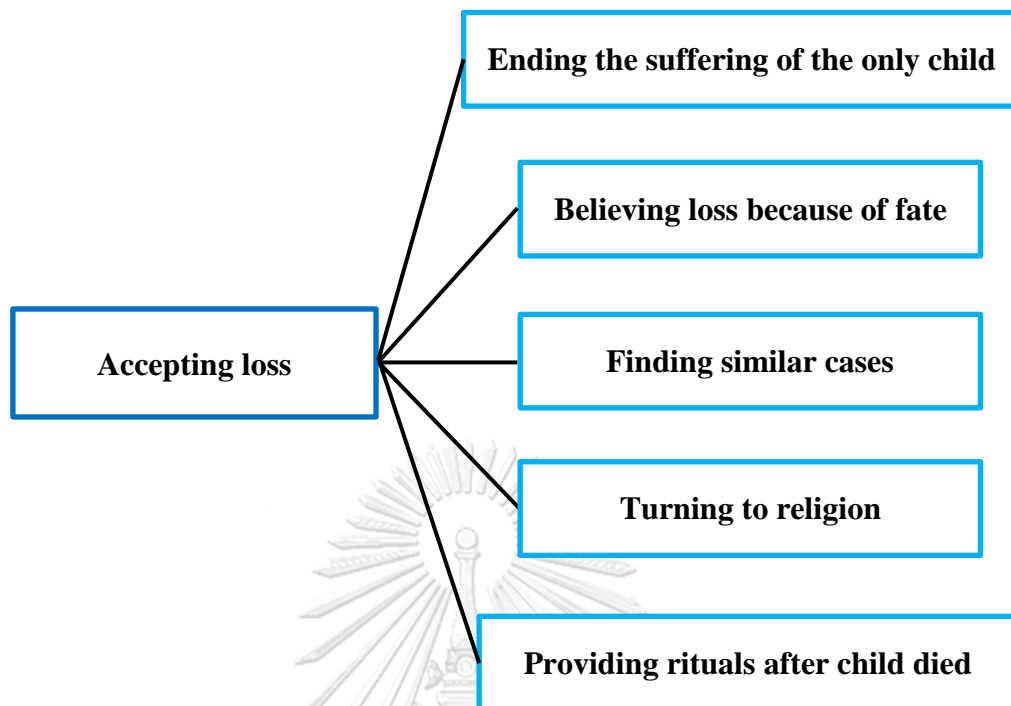


Figure 8 A summary of accepting loss

All participants generally inclined to accept that death because of *fate* (命运, *mìng yùn*). They could not change fate. Believing death is *ending the suffering of the only child*. Participants perceived death as positive because death happened at an appropriate time. However, some participants would not accept the loss based on their previous beliefs and thoughts; therefore they began to *turning to religion* through believing in Buddhism or Christianity as well as learning school and doctrines of those religions to help them accept the loss. The belief in religion helped participant accept the loss.

In the second phase, Chinese women in this study, through a religious perspective to understand retribution is different from the first phase. Now,

retribution is used to help them understand the loss by thinking that the loss of the only child is a result of retribution in their past several lives, not just only because the behavior that they did in this life. Thus, they acknowledge that the loss is inevitable. Thinking in this way significantly reduce participants' guilty. Participants who believe in Buddhism believed that there is an afterlife, so the death of a child is the beginning of the reincarnation; the deceased only child will become reborn. Participants who believe in Christianity believed that the loss had designed and arrangement by God. It is God's good intentions to choose a child recall after the child has finished suffering. The deceased only child has returned to heaven and the embrace of God. They believed that their only child has gone to the best place and permanent home. Interestingly, this study found that although some participants did not recognize they believe any religion, they also believed child still alive somewhere. The religious perspectives helped Chinese women who have lost the only child to place the deceased child whereabouts or life after death with evidence.

All these religious perspectives helped the participants to understand the loss and accepted the loss. Two participants described as follows.

...this (losing the only child) is the retribution for mistakes that we made when we were in last several lives...The Buddha said that everything that has been happened in this life is because of the sin of past lives. (Participant 12:70, 189)

...God had arranged it (death), only let her (the participant's daughter) go...it is the God has designed the destiny...My daughter went to the place where she should go, that is heaven. She went to her own home...“heaven is good, heaven has no tears, no conflict, and no contradiction”... my daughter has gone to the best place. (Participant 5: 22, 66-67, 297-298)

...Buddhism believes reincarnation. My daughter just ended the reincarnation of this life. She will continue to reincarnate.... When I understand, I can accept (the loss), and I did not feel unfair anymore. (Participant 13: 178-179, 185)

Finding similar cases through seeking sameness to know someone is the same as them thereby accept the loss by thinking that not only her who has lost the only child. It occurred when intentionally searching from the website, experienced directly by themselves even they did not expect so (e.g., seeing other children pass away), or intentionally listening to others' words. Moreover, knowing other parents spent much money but still could not save the children's lives, made them know that not only she could not save the only child's life to find a balance of the heart. A participant demonstrated, *“In fact, the most helpful things are somebody and something around me...I looked at the person around me; there is someone the*

same as me. Their children also passed away because of drinking. They spent much money; finally, their children still passed away. (Participant 3: 200-203)”

Providing rituals after child passed away is the actions that Chinese women who have lost the only child used to acknowledge the death and express their love to acquire consolation that they had tried best to do what they can do. For instance, they tried to provide good make-up and clothing of the beloved only child, well managed the funeral ritual included, buying the tomb, burning, finding someone chisels an inscription and performed funeral chanting, settling down of the ashes of the deceased only child. Some participants released the deceased child's soul from purgatory or expiated at the temple. By providing rituals after the only child passed away, participants believed that the child had already left in a good way. Meanwhile, participants regret may reduce.

One participant shared her thought as follows.

...I have no regret because I have tried my best to save his life... and managed the affairs after death. I went to the temple to release souls from suffering of him...It is our custom in my growth place. Because my son was so young, it was good to do the affairs in the temple for him. Therefore, I did the affairs...I bought the cemetery. I looked for someone to chisel an inscription. (Participant 8: 190-203)

Self-controlling

Self-controlling is Chinese women who have lost the only child rely on their efforts to decrease grief, regain courage and confidence in life through developing strategies. All Chinese women in this study believed that “relying on self” is crucial so that they put their effort to develop strategies for **coming to term**. Because if they only sink in grief and fear but do not want to come out from agony, others’ support may not work as expected. This study found that *self-controlling* is an essential, a pivotal and effective strategy of Chinese women for **coming to term**. *Avoiding thinking about loss* and *self-consoling* were categorized to *self-controlling* illustrate as follows (see Figure 9).

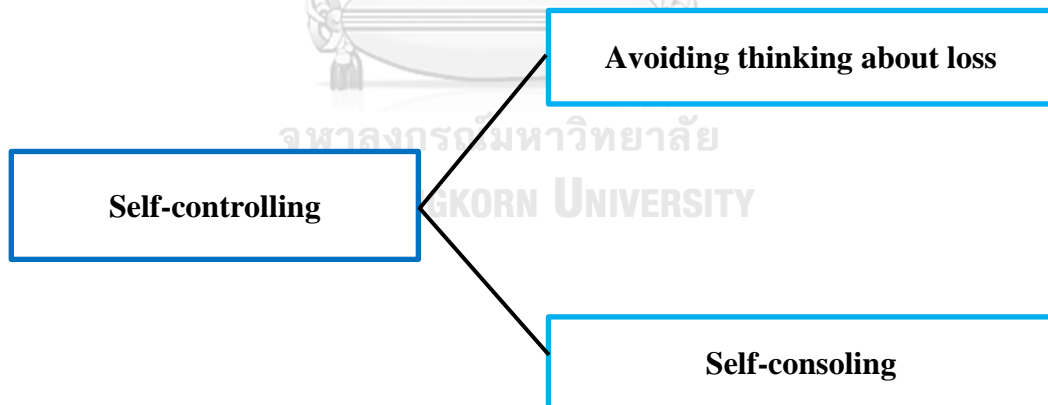


Figure 9 A summary of self-controlling

Avoiding thinking about loss

Avoiding thinking about loss is the strategy that Chinese women who

have lost the only child made a conscious and deliberate choice to keep away from thinking about loss, which would let them have negative emotions or feelings. The loss involved what had lost and will occur in the future because of loss. *Avoiding thinking about loss* could help participants decrease grief. In some situations, the participants felt grief; then they immediately distracted what had been brought negative emotions or feelings to them. And then they not thought about it or to do other things. Distracting was a special kind of *avoiding thinking about loss*. Another special kind of *avoiding thinking about loss* achieved through smoking and taking alcohol. They were used by some participants who aimed to numb themselves. Besides, *avoiding thinking about loss* in this study involved avoiding adverse triggering situations and keeping busy illustrates as follows.

Avoiding adverse triggering situations refers to actions of Chinese women who have lost the only child kept away what they thought would bring negative emotions and feelings through avoiding doing, avoiding seeing, avoiding talking and hearing, avoiding being alone, and letting things go. In this study, Chinese women recognized that adverse triggering situations would trigger them to think something bad, and then they will suffer. Therefore, they tried to avoid adverse triggering situations. This study found that one action could have more than one outcome, such as avoiding triggering situations through avoiding meeting others can achieve the purpose both avoiding seeing and avoiding hearing. The more information

of adverse triggering situation will present in encountering adverse situation section.

Avoiding adverse triggering situations addressed as follows.

Avoiding doing was the actions of Chinese women who have lost the only child kept away self from doing something. For example, avoiding cooking what child likes to eat, avoiding going to the place used to go with the only child, avoiding attending the wedding, avoiding posting their lives in WeChat Moments, avoiding celebrating own birthday, avoiding taking the child's spirit tablet back from the temple.

Avoiding seeing was the actions of Chinese women who have lost the only child kept away from reminders perceive with the eyes. This action related to the belief that is "Out of sight, out of mind." Some participants avoided seeing the deceased child's relic at home. Therefore, some Chinese women in this study put the deceased only child's photos in the drawer or donated deceased only child's clothes. They avoid watching the television program content related to hospital and patient, as well as television series about the family drama, which would bring them back to those painful scenes.

Chinese women who have lost the only child avoided seeing not only at home but also at outside. Some Chinese women in this study avoided seeing other children; for example, they did not celebrate the festivals with relatives who have children, not going outside or intentionally to chose what to

see. Most of them intended to live or work in the environment that no neighbors or no colleagues know their loss. Therefore, some participants changed the living environment through moved to a new house or changed the working environment through change the jobs. Surprisingly, one participant moved to a new house five times after losing the only child. Avoiding seeing is related to one of their hopes that they intended to live in a *Shidu* mutual support care center. This point will present in another section.

Avoiding talking and hearing were the actions of Chinese women who have lost the only child kept away from communicating with others, especially talking about a topic related to a child. Some actions such as avoiding meeting others are the major strategies that Chinese women used to achieve avoiding talking and hearing.

Avoiding being alone is Chinese women who have lost the only child kept staying with someone. Besides together with somebody, the term “stay with” can be just put self in place with some people and without communicating with others. Avoiding being alone at home is commonly used because the house had the deceased child’s “shadow,” particularly for those who still live in the same house that they used lived with the only child. Here, “shadow” is not only real existence such as the deceased only child’s relic but also many memories. The memories would come into their mind when they stayed at home, especially being alone. Therefore,

Chinese women in this study prefer staying with someone that they feel good when staying with, such as husband, family members, bosom friends, and peers. Going outside is one way of avoiding being alone at home. Usually, they went outside for walking; but they were rarely communicating with other people. The place they preferred going involved park, market, shopping mall, where have many people but rarely have children. Therefore, they went to those places when children need to have class. Interestingly, some participants stayed with pets to avoid being alone.

Letting things go is Chinese women intentionally ignored something or put aside thought that could cause negative emotions and feelings in the past, current, or future. For example, not recalling some terrible experiences, not thinking about whether others despise her, not thinking about what will be in the future.

The following quotations illustrated how Chinese women after losing the only child tried to avoid adverse triggers situations.

...We did not cook what my daughter likes to eat. Moreover, we did not go to the place where we had been gone with my daughter. Even if we went there, we would keep off the place. (Participant 5: 145-146)

...I moved to a new house...After all, living in a familiar environment, which we lived with our son for 19 years, everywhere is the shadow of him

would make me always think about him. (Participant 10: 41-48)

...The worst time, I went to get rubbish. The mood is so poor. I rarely recall that experience. (Participant 9:176-178)

Keeping busy is the actions that Chinese women who have lost the only child made themselves busy via doing some things. Keeping busy can be initiated either by Chinese women themselves or by other people. Keeping busy could have an object such as communicating with other people or not have an object such as singing. Keeping busy let participants have no time to think. Here, there is a process from social withdrawing to return to society gradually. However, returning to society is not easy. Firstly, some participants were able to go out occasionally only in the evening by wearing sunglasses and a hat. The length of stayed outside in the beginning just some minutes and then was increasing gradually. This study found that keeping busy is not only beneficial for thought regarding *avoiding thinking about loss* but also is helpful for sleeping because keeping busy such as working and doing many things would make participants felt tired so that they can fall asleep easily. Participants used strategies to keep busy as follows.

Doing chore is the one common way that the participants used to keep busy. The thing that the participants used to spend time to do in daily life,

which would bring a feeling that they still can do something as well as maintain a sense of normalcy. Doing chore in this study involved cooking, cleaning the room, cleaning clothing, cleaning chopsticks and dishes, taking care of pets and flowers, knitting scarf or sweater. Meanwhile, when they were at home, they usually watching television, movies, or smartphone (e.g., WeChat moment, website). They intentionally choose the content, for example, the ancient television series because the series takes a long time and far from nowadays life so that they could not be influenced.

Participants also were keeping busy through music way such as singing, dancing, listening to beautiful melody music, learning piano, playing the piano. They usually choose songs that have a strong rhythm. Besides, reading, writing, and praying are also effective ways to keep busy. They read books; newspaper, magazine, Bible, Buddhist scriptures as well as some contents, which came from the website.

Communicating is the participants intentionally to contact with other people through chatting face to face or online application program, and calling others. The communicate objects typically were the persons who have a bosom relationship with them; they trusted or familiar, for instance, husband, friends, family members, colleagues, and peers. There is no sequence of these people because the different participants have different relationships with those people. Some participants wanted to communicate with friends because they trusted friends, and

they did not want to bring negative emotions to family members, especially mother. Some participants preferred communicating with peers because they think they have the same experience so that they understand each other. Some participants only communicated with family members because they thought other people are outsiders. Some participants wanted to communicate to nurses because they believed that nurses are the closest in outsiders and would understand them. During communicating, they were saying out about their feelings, emotions, worries, difficulties, anger, stress, troubles, dissatisfactions or disappointment, and any other unhappy feelings. After saying out, they would feel better. This study found that there some special kinds of communicating to release negative emotions and feelings, such as expressing anger and dissatisfaction. Another special kind is yelling at other people or blaming anyone else. Participants felt better after these kinds of communication because they received unintentionally support. This study found those with an extroverted personality more intentionally to communicate with others to make them feel better. Communicating with others through the application program such as WeChat or QQ was highly adopted because some participants were afraid or not willing to meet other people face to face. Besides, communicating diminishes loneliness.

Going outside to do something, for example, having a meal, shopping, participating in activities such as exercises and sports match, traveling, running, playing cards or mahjong, having a class. Although they participated in these

activities, they did not have positive feelings. They just kept busy. Working plays a crucial role in their life. Besides keeping busy, working could increase their income as well as provide an opportunity for receiving support from colleagues. Furthermore, other people visited invited them to do something (e.g., shopping, seeing movies) would also make Chinese women busy.

The following quotations are examples of *keeping busy*.

...I talk with my friends. Sometimes, I felt sad while I am talking, and then I was crying. Crying helps me so much. After saying out and crying, I have alleviated my grief. (Participant 6: 221-224)

...the work is busy. There is no time to think too much.... Especially, like the holidays, and I swamped. I worked from morning to evening, and the time is too long, from 9 am until 6 or 7 pm. (Participant 3: 26-28)

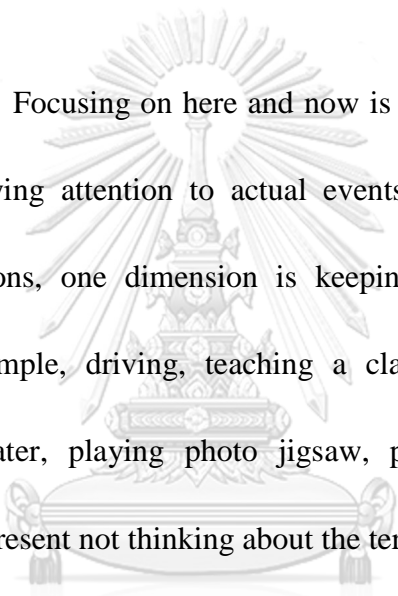
...I find something to do...Played the piano, did housework, and went out to eat with friends. Sometimes, I watched movies...(Participant 10: 178-179)

...I took part in some sports...I learned dancing...I took care of dogs...I am very busy every day. Keeping busy made me do not have the time to think

about too many things. I also could have a very good sleep at night.

(Participant 1: 60-64)

...I pray every day after my daughter passed away...I pray at home and read the Bible...I go to church every Sunday. (Participant 5: 21, 244, 247)



Focusing on here and now is Chinese women who have lost the only child are paying attention to actual events. Focusing on here and now involved two dimensions, one dimension is keeping on doing with energy and concentration, for example, driving, teaching a class, embroidering cross-stitch, knitting scarf or sweater, playing photo jigsaw, playing the piano. The other dimension is thinking present not thinking about the terrible future.

The quotations express the ways that Chinese women who have lost the only child *focusing on here and now* as follows.

...I bought a big photo jigsaw. It was 1.5 meters long, more than 100,000 pieces. Each piece just the same size as a fingernail...It (playing the photo jigsaw) can fill up my brain without thinking about anything else...When I did it, I was much focused, and I did not think too much... We will try our best to live our present lives and not worry about the future (Participant 11: 65-71, 598)

Self-consoling

Self-consoling is Chinese women who have lost the only child comfort and encourage self through developing strategies. Chinese women in this study were influenced by Chinese culture. They believed that every Chinese should obey filial piety and consider for others. A participant response in regards to this belief was in the statement, “*If I tell others, even the parents, they not only cannot help me, but also invisible bring the stress on them, and they will worry about me. (Participant 5:14)*” Therefore, all participants used *self-consoling* as the main strategy because they do not want to bring sadness or stress to other people, especially the parents. When participants were alone, *self-consoling* became particularly important and the most commonly used way. In particular, *self-consoling* is a significant strategy for those who have few support resources, such as no family members, friends, and peers. *Self-consoling* involved soliloquizing, seeking spiritual support, forcing self to think in positive ways, making downward comparisons, pretending to be strong, gaining a sense of recognition, and establishing a self-confident external image.

Soliloquizing is a strategy that Chinese women who have lost the only child used to comfort and encourage self by saying to self and chatting with self. For example, “*it is ok,*” “*hardship is temporary,*” “*I can do*”, “*why cannot,*” “*everything will pass,*” “*life will be better*”, “*should be strong*”, “*should not blame me*”, “*should*

not be unhappy”, “should not always immerse in grief”.

The quotations illustrate how Chinese women in this study used the strategy, namely soliloquizing.

...I comforted myself...I told myself to be strong...I feel that besides the help of others, the self is much more important. Come out is relying on self... We must rely on self and encourage self. (Participant 10: 173-200)

...I tell myself that the child is watching me. If I am not happy, she will be sad. (Participant 13: 182-183)

Seeking spiritual support is a strategy that Chinese women used to console themselves. Losing the only child made participants lost their spiritual comfort; therefore, they develop this strategy. Seeking spiritual support extremely reduced the feeling of emptiness and helplessness. Seeking spiritual support involves seeking spiritual support from role-model of peers and following the religious belief and performing religious activities.

Seeking spiritual support from role-model of peers, which made participants had the hope that they will be like peers someday in the future. Participants actively sought peers by self via using mass media such as through the Internet, magazine, or actively contact after inadvertently seeing relevant information

by chance. Detail of peers' support illustrated in receiving support section.

Following the religious belief and performing religious activities is Chinese women who have lost the only child used religion to comfort their mind. For Buddhism believers, they listened to, recited, or chanted Buddhist Scripture. Moreover, during some special days, they worshiped and offered incense to Buddha. For the Christian believer, they prayed, read Bible, and chanted anthem. They prayed every day and when confronting special events. Two Christian in this study went to the church every weekend. This study found that praying or listening to the scriptures would console participants. Some Chinese women in this study searched for the spiritual comfort and an expectation of life through praying or making a wish to God or Buddha, such as hoping Buddha not bring too much hardship to them, hoping God bring them to heaven after death. Then, they will gain security and know where they will be after death. By learning Buddhist scripture or Bibles, participants learned the wisdom that is giving and doing good deeds, which provide many positive cognitive ways and mentalities for Chinese women. Specifically, in daily life, these beliefs advocate not to bring harm to others; therefore, participants used the *self-consoling* strategy.

Moreover, through direct intentionally reading experiences, participants gained new perspectives and feelings, which made them feel better through knowing other people survived after the distress, and then they gained

confidence in life.

Participants demonstrated how they were seeking spiritual support to console themselves as follows

...Buddhist preaches that people should pay attention to merit and morality, should be kind to others, and cannot do bad things...I have this belief; it helps me to relief my soul...Because having this belief could...comfort to my soul. (Participant 7:441-447)

...This magazine tells the story of many families, including suffering experiences. It had many stories. There were all unfortunate things. However, all of them are survived...I mainly rely on myself to read books and the Website... (Participant 10: 206-209, 482)

...Through prayer and reading the Bible, I have learned so much that I gained comfort...I use singing hymns to alleviate the grief...when I read it (the Bible), my heart will be touched and inspired, and I will not be painful like before. For example, when I feel sad, there will some chapters come from the Bible to comfort me. (Participant 5:26, 292-295)

Forcing self to think in positive ways is a strategy that Chinese

women who have lost the only child to think or perceive good or beneficial aspects of everything through a positive or optimistic attitude. Forcing self to think in positive ways could make participants gained comfort All Chinese women in this study believed that the way of thinking affects mood. Forcing self to think in positive ways can be initiated either by Chinese women themselves or being advised by other people. In some situation, forcing self to think in positive ways can achieve via changing the thought or adjusting their mindset. That is looking at the same thing differently, especially in a positive way, such as losing the only child, but they focused on the only child passed away without pain. Forcing self to think in positive ways also could achieve just think about good or beneficial aspects, such as receiving a house from the father so that at least she has a place to live.

The quotations reflected how Chinese women after losing the only child in this study were forcing self to think in positive ways as follows.

...For example, there is a half glass of water. However, your positive thinking will make you see that it is still half full. Think about the good side. Think positively with a positive attitude. (Participant 13:200-201)

Making downward comparisons is a strategy that Chinese women compare to those people who are more difficult, more miserable, poorer, or worse than them to think that they are not the worst. These comparisons were intentional.

For example, comparing self with the pauper or handicapped while they have a job and have hands and legs; comparing self with those who lost only-child and husband while they have husband to support them; comparing with others whose children are terrible and others have to worry about children, while the participants no need to worry about the child; comparing with others who have grandchildren so that others cannot go outside easily, while the participants would go outside without no need to take care of any child; comparing with those who got cancer while participants' health is ok; comparing with those who are indebted while participants' financial situation is ok; comparing with others who have troubles such as poor relationship with daughter-in-law, no money buy car and house prepare for child's wedding, while participants did not have these kinds of worry; comparing the loss because disease with others who have lost the only child because of accident, so the participants can comfort themselves that they had the chance to treat and take care of the child, while other people have no chance; comparing with other patients who feel much pain during treatment, while the participant know that their only child was not painful. Therefore, through making downward comparisons, the participants can feel comfortable. Sometimes, making downward comparisons occurred with forcing self to think in positive ways simultaneously.

The quotations reflected how Chinese women after losing the only child in this study reacted to making downward comparisons as follows.

...It reported that there are many families the same as us in China. They also lost their only child. Some of them are worse than us... Some parents got cancer. The husband abandoned some women. Some families are indebted because of pay huge treatment fee of their child. I am not the worst one in the miserable people. (Participant 7:249-254)

...We (the participant and her peers) can make an appointment and play outside. Others who have grandchildren need to take so that they cannot go, but we can go. When I think like this, I feel better. (Participant 3: 321-322)

Pretending to be strong is Chinese women who have lost the only child not showed the weakness but showed strength in daily living even it may not true through not telling the truth and not crying in front of other people. For example, not telling the truth is through saying child still alive to let them feel equal to others; not crying in front of others made them have a feeling that no one knew their situations. Furthermore, participants were trying to avoiding being looked down and stigmatized by other people by pretending to be strong. A participant whose husband passed away after losing the only child four years told her strategy, *“I said that my son works in Shenzhen, my husband works in another city” (Participant 4: 180)*.

Gaining a sense of recognition from other people such as knowing others think they took good care of the child was the way that Chinese women used to console self in order to reduce guilty. A participant described, *“My colleague said, it (child’s death) is not your fault. We are all watching. Our children did not enjoy; your son enjoyed it. You are good enough. Not you sorry for him... (Participant 3: 207)”*

Establishing a self-confident external image is a special strategy that Chinese women used to console themselves to let them know that they are still ok or good, thereby enhance confidence. Such as dyed white hair or making up to let them look like have more energetic; exercising Yoga to better stature. As a participant said, *“...You see, my hair was dyed (The participant was pointing to her hair and showing to the researcher). There would be too much white hair if I did not dye my hair...Colored hair makes me looks like have more energetic. People around me said that I am less than 50 years old. (The participant was smiling while saying). Actually, I am 58 years old. (Participant 12: 337-342)”*

During the second phase, namely **coming to term**, Chinese women who have lost the only child put much effort and developed various strategies as illustrated above. **Coming to term** is a gradual process. Participants are **coming to term** by using those strategies over and over again, bit-by-bit, and day-by-day. Therefore, there is no exact time when they can come to term. However, some participants could come to term faster than other participants due to receiving effective supports and put

much effort. It should be emphasized here that Chinese women in this phase preliminary to manage negative emotions and feelings to be at an acceptable level. The participants had gained the ability to suppress negative emotions and feelings result in developing mental strength that supported them to prepare themselves to live a new life. This strength is emotional feeling, not physical, that has become stronger inside. **Coming to term** was important because **being alive in a new way** could not happen if the participants cannot come to term. **Coming to term** would stimulate Chinese women who have lost the only child to move to the final phase, namely **being alive in a new way**.

Phase 3 Being alive in a new way

Being alive in a new way is actively deal with difficulties in new constructive ways that based on life goals along with the deceased only child among Chinese women who have lost the only child to live a life peacefully. **Being alive in a new way** consists of three sub-categories; *treasuring the deceased child*, *resetting life goals*, and *reconstructing a new life* (see Figure 10). Both *resetting life goals* and *reconstructing a new life* associated with *treasuring of the deceased only child*.

The participants reconstructed a new life based on life goals; it is necessary to note that while *reconstructing a new life*, participants may encounter some difficulties, which made them inadequate abilities to deal with those difficulties so

that they moved back to reset life goals by reducing some previous goals. Sometimes, participants achieved their primary life goals, and then they reset life goals by adding some new goals. Therefore, participants moved back and forth between *resetting life goals* and *reconstructing a new life*.

Although the participants moved to the third phase, some situations such as encountering adverse triggering situations or could not deal with some difficulties would bring them to move back to the previous phases; then started the process again. However, participants may take a shorter time and put less effort than in the past.

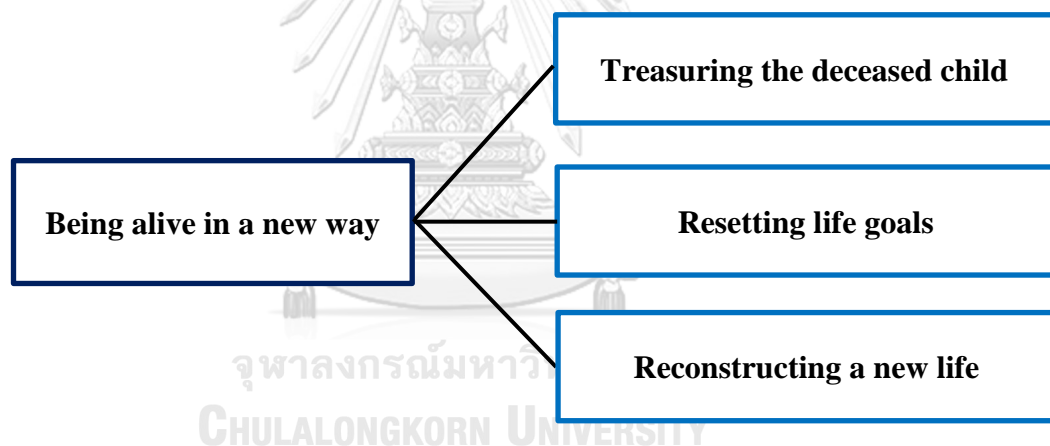


Figure 10 A summary of being alive in a new way

Treasuring the deceased only child

Treasuring the deceased only child is Chinese women who have lost the only child were keeping carefully and cherished the deceased only child through *continuing bonds with the deceased only child*. Fulfilling the deceased only child's wishes (explicated in *resetting life goals* section) is a significant way for continuing

bonds with the deceased only child. Participants were continuing bonds with the deceased only child through physical means (e.g., keeping relic) and spiritual connections (e.g., recalling memories). Continuing bonds with the deceased only child provided reassurance and comfort, as well as decreased the loneliness and emptiness.

Specifically, participants expressed continuing bonds with the deceased only child involved feeling or visual, including during dream. At this phase, all of the participants treated fantastic encounters as positive experiences because they thought they still had the opportunity to “meet” the deceased child even though it is not real.

Treasuring the deceased only child in this study expressed in many ways involved *believing the deceased only child beside, fulfilling the deceased only child's wishes, taking care of the deceased only child's relic, performing the sacrifice ceremony, keeping and recalling memories, communicating to the deceased only child, doing things that they used to do with the only child, learning about the only child's world, imagining what life would be like if the only child alive, having hope for the deceased only child, envisioning meeting the deceased only child after death, talking about the deceased only child* as follows (see Figure 11).

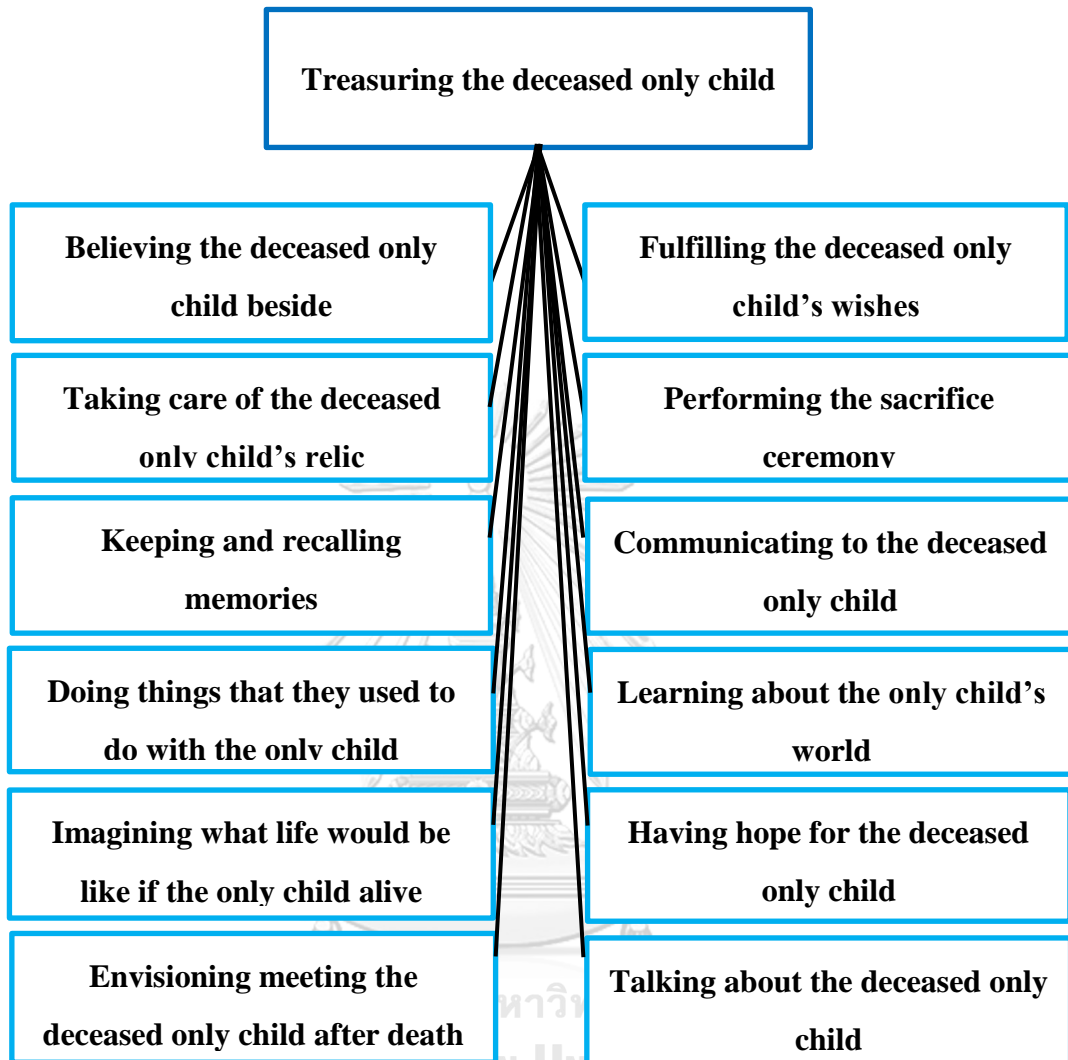


Figure 11 A summary of treasuring the deceased only child

Taking care of the deceased only child's relic is Chinese women who have lost the only child preserved and looked after belongings of the deceased only child. For instance, keeping the deceased only child's clothes, shoes, and photos; placing deceased child's photos; taking the deceased only child's photos along with (e.g., saving the deceased only child's photos in a smartphone, wearing a necklace

pendant which made of the deceased only child's photo). This way would let the participants felt that their only child still being with them. This study found that *believing the deceased only child beside* is one of the main ways that participants used to continue bonds with the only child.

Performing the sacrifice ceremony is the actions that Chinese women who have lost the only child visited and cleaned the deceased child's tomb in the graveyard or cemetery. It is also the way that Chinese women in this study expressed their love. During the traditional Chinese festivals for mourning the deceased people such as *Qingming Festival*, *Winter Solstice Festival*, and the period before *the Chinese New Year*, participants visited the deceased only child. Some participants visited the deceased only child often or sometimes. However, no matter they visited or not, the deceased only child is in their hearts. Sometimes, especially the deceased child's birthday and death anniversary, they hold a ceremony at home to mourn the deceased only child. Some participants put child's photos into the drawer. However, during these special days, they will take out the photos and placed them. Some participants buried the child next to the child's grandparents is also one way of continuing bonds.

Keeping and recalling memories also kept a psychological connection with the deceased child. Chinese women in this study at this phase, they intentionally chose recalled as when (time), where (place), and what (content) to think of the

deceased only child without negative consequences. Most of the contents were a happy moment. This study found that the majority of participants prefer recalling the childhood of the deceased only child.

All participants reflected that they had the experiences that *communicating to the deceased only child*, especially when they were missing them or they were experiencing difficulties. Communicating to the deceased only child occurred either in front of the tomb or anywhere; communicating to the deceased only child's photos or talking without object, just saying or asking. For example, the thirteenth participant described, "*Sometimes, when I see or hear something, I asked my child, did you see that? Did you hear that?*" A special kind of talking with the deceased only child is "chatting" with the deceased only child through the Internet. It is also the strategy that participants used. Moreover, using music to build a bridge to communicate with the deceased only child is a particular way such as playing piano to hope and believe the deceased only child could hear. Writing to the deceased only child is also a way to communicating to the deceased only child, which adopted by some participants. They wrote everything what they wanted to tell the deceased only child, happiness, sadness, worries, and missing. Sometimes, when participants encountered something or some difficulties, they were praying to the deceased only child to get a blessing and power.

Doing things that they used to do with the only child when they were

alive. All participants felt connected to the deceased child when they did the same things that they had done with the only child, such as walking along the lake, going to the park, eating at a restaurant going to the barbershop. Some participants tried to

Learning about the only child's world when the only child were alive, such as went to the place that the deceased only child used to go, reading the deceased only child's diary and novel. Some participants had the desire to live life and the direction of life from reading the deceased only child's diary.

Imagining what life would be like if the only child alive also experienced by all participants. Participants imaged what would happen if the only child was alive, such as look after them, get married, having the desired job, having a baby. Imagining what life would be like often occurred when participants see other people's children or grandchildren. Besides, it occurred when they need support.

Having hope of the deceased only child is all participants performed to continue the bond with the deceased child. Sometimes, participants were praying for the deceased only child. For example, hoping the deceased child safe, well manage their life, to be good.

Envisioning meeting the deceased only child after death is a special kind of continuing bonds with the deceased only child, too. For example, some participants believed that they will meet the deceased only child or hope they can meet the deceased only child in the after death.

Talking about the deceased only child is one way to continue the bond with the deceased only child. However, influenced by Chinese culture, only two participants used this strategy.

The examples for Chinese women after losing the only child *treasuring the deceased only child* illustrates as follows.

...Never gone, never far, in my heart is where she is. (Participant 13: 186)

...I made a necklace pendant used my son's photo and wore it as a necklace (The participant opened the pendant and showed the child's photo to the researcher). I wear it, and I feel my son is with me. (Participant 9: 488-489)

...I applied for two QQs (one application of chatting), and these two QQ numbers sent messages to each other. One is me; the other is my daughter. I used my daughter's tone to comfort myself to seek a little comfort in my heart...I wrote letters to my daughter...I told my daughter everything in my life, including my feeling, my suffering, my guilty, anything. (Participant 11: 247-248, 269-271)

...Sometimes, when I looked at someone else's child, I would image if my daughter was alive, she should also get married and gave birth to a child.

(Participant 2: 124)

...Sometimes, I drove to visit him on Saturday or Sunday. I bought something that he likes, and went to visit him at the cemetery and talked to him. I usually went to visit him quite often. Because I have a car, it was very convenient. If I have time, I would drive to visit him. Then I would feel he is still beside was...I think that I play the piano so that he (the participant's son) could keep on listening to music. (Participant 10: 107-113, 300)

Resetting life goals

Resetting life goals is reorganized the life direction and determination based on the deceased child's wishes, others' expectation, and own hope to motivate Chinese women to construct a new life. In another word, it was finding reasons, finding meanings, finding a new purpose to continue living. ***Resetting life goals*** is a process of constant adjusts. ***Resetting life goals*** based on practical considerations as well as included some hope. The appearance of these goals is not in order. Some participants have few goals; some participants have many goals. All Chinese women in this study had more than one goal. The goals can be independent or coexisting.

Life goals involved a long-term life goal and a short-term life goal. The long-term life goal occurs over or relating to a long period; it may relate to the whole remaining life. The short-term goal relates to a short period of life, such as wanting to pay back money to others as soon as possible; wanting to look after the husband who got cancer. **Resetting life goals** involves *living to fulfill the deceased only child's wishes, living as to be worthy for others, living for self, and planning for future elderly life* (see Figure 12).

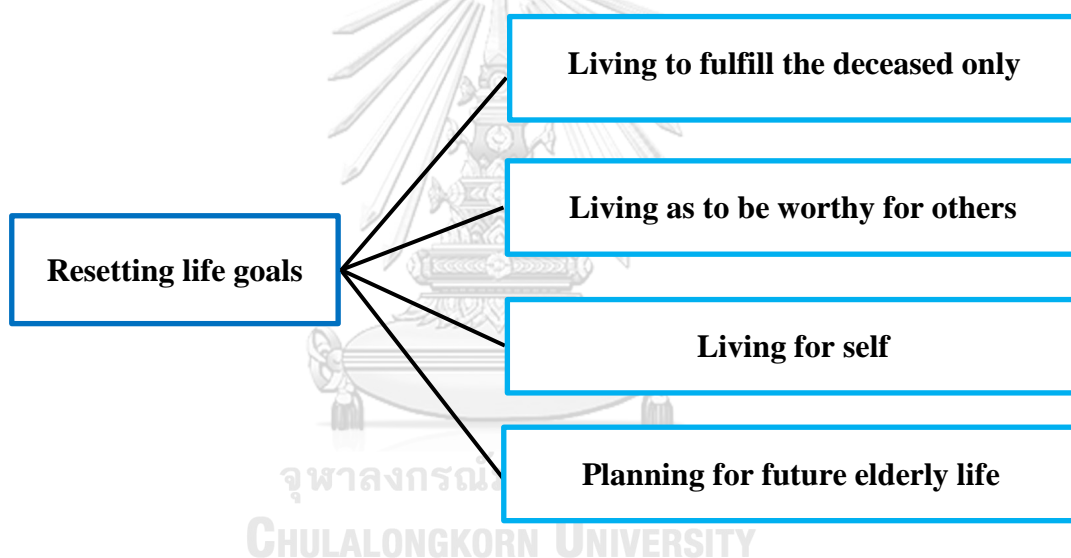


Figure 12 A summary of resetting life goals

Living to fulfill the deceased only child's wishes

Living to fulfill the deceased only child's wishes refers to Chinese women who have lost the only child tried to do anything that they thought their deceased only child want to do or want them to do. The only child's wishes and fortitude influenced the mother's living process. Although the only child has passed

away, the women's remaining life still associated with their beloved only child. The child's wishes are the goals and motivations for Chinese women to live their remaining lives. The mother knew the only child's wishes through listening to what the only child said to them when the child was alive or reading the deceased only child's diary.

The deceased only child's wishes involved hope mother to be happy, not want to see the family was destroyed, hope mother to give love to others, want mother to see the world, want to donate cornea. Therefore, the mothers wanted to fulfill child's wish by helping the only child to donate cornea; wanted to help others; wanted to manage the marital problems and take care of the child's father to maintain that broken family, it was associated with promoting love with husband. In addition, the mother wanted to decrease grief because they know the deceased only child hope them to be happy. Interestingly, one participant heard the deceased only child said to her, "*I am waiting for you to visit me (at my tomb)*". In this situation, the participant believed this is her son's wish and this wish became a motivation for her to live life. Although some participants believe they will meet their children after they pass away, if they could not fulfill the only child's wishes, they feel no face to meet the deceased only child. Therefore, they tried best to live, to carry on the deceased only child's wishes.

The quotations were the example of *living to fulfill the deceased*

only child's wishes as follows.

...Once my daughter and I saw her (one leader of public welfare) on TV, and my daughter suggested me to do some charity with her in the future. At that time, I did not expect to do with her. However, now, I am doing. It is also to fulfill my daughter's wish. (Participant 1: 136)

Living as to be worthy for others

Living as to be worthy for others refers to Chinese women are living their life based on knowing others' expectation on them. *Living as to be worthy for others*, especially their loved ones and who had supported them. They believed to live a life well is to appreciate others, especially for parents. This belief also influenced by Chinese culture. This belief forced participants to live life well result in is worthy for others' care and support. Parents are the most critical people for Chinese women. Participants did not want to disappoint their parents; they did not want to bring the same grief in terms of losing a child to their parents. This belief brings a hug motivation to them to life. Knowing what others expect of them also force them to live their lives. For example, knowing the mother believes she can manage a good life, knowing others hope she can live well.

The quotations were the example of *living as to be worthy for others* as follows.

...I thought that if I died, she (the participant's mother) also lost her daughter. I could not bring the same grief to her. I can't bear it, she is so old, and she could not bear... Therefore, I live my life strongly for my mother.

(Participant 12: 15-19)

Living for self

Living for self is the internal motivation of Chinese women based on their own wishes to make them live in order to accomplish what they expect. For example, to go on with their regular daily lives such as earnestly go through every moment, integrating into society, and enhancing relationship with others; to succeed in their dreams, such as being a teacher, studying in a university, and making self to be better; to be a kind of person such as a stronger person, a filial daughter to provide parents with a better life and avoid disappointing them, a worthy person to reward the society; to live longer because they want to accompany and take care of their deceased only child's tomb as long as possible, want to take care of parents, want to achieve dreams. For those who have husband, they want to have a harmonious relationship with husband. Moreover, participants wanted to living in a positive living environment, staying with someone who wants to be with, doing something what like to do, and finally to live a new normal life. In all, participants wanted to do things beneficial for themselves, family, and society. These goals which contain their hopes

and aspirations yearning for life, and drive them move forward.

The quotations were the example of *living for self* as follows.

...(The participant wanted to) *try to live my life well, try to work hard, try to study, and try to help others. (Participant 10: 365)*

Planning for future elderly life (养老规划, yǎng lǎo guī huà)

Planning for future elderly life is the ideas that Chinese women who have lost the only child designed or made a plan for how to spend the elderly life and how to get care for the elderly. These prearranged plans for future elderly life can increase participants' sense of certain, security, and control of the future, thereby ease their fear and thus made them feel sureness. Some participants, although aged less than elderly, they had already planned. Some plans could happen in reality, while they are still some plans need the government to support and need time to achieve.

The types of *planning for future elderly life* includes spending elderly life while traveling, getting care for the elderly through *Shidu* mutual support care center, getting care for the elderly through Internet + community-based home care, getting care for the elderly via institutions. Each kind should meet their spiritual comfort. Psychological care also needs because of the unique experience in losing the only child. They need much concern, and some time they need psychological counseling. The details illustrate as follows.

Spending elderly life while traveling (旅居养老, *lǚ jū yǎng lǎo*) is spending elderly life while traveling when being able to travel through traveling to different places according to different seasons or living in one place for some days. The place is not only in China but also all over the world. This study found that this kind is associated with the participants' financial status. Participants with high-income levels and no financial difficulties tended to choose this kind. The younger participants and have good health condition prefer this kind. At the same time, it related to the participants' hobbies, especially those who prefer traveling. Finally, it related to the child's wishes that means the mother travels for the child. Some participants had already performed this kind.

The following quotations shared participants' ideas.

...Now, I can walk around. I intend to spend my elder life while traveling...We, the old people, can travel to different places in different seasons...We can live in one place for some days, half a month, or even several months. (Participant 12: 453-460)

...We also thought about living in Thailand for a while...I saw the information from the smartphone. There are many people go to Chiang Mai, Thailand, and live there. (Participant 7: 147-148)

Getting care for the elderly through *Shidu* mutual support care center means only the people who have lost the only child could live in this center because most participants do not want to live around outsiders or they want to get benefit through living together with peers. Being together with peers and mutual support was named by the participants as “huddling together for warmth (抱团取暖, *bào tuán qǔ nuǎn*)”. In this ideal center, there is a mini hospital with all the necessary facilities, many small rooms for living and various activities. The government provides the place and the financial support, as well as pays salary for the staffs who work in this center, including doctors, nurses, psychological counselor, physiotherapist, and cook. It also provides the job opportunity to someone who intends to work, such as clean the house, work in the kitchen, and take care of the elderly peers. Most participants think only in this ways is genuine care from the government to meet their needs. This center is just the ideal plan. The ideal design based on the actual needs of the participants and their perceptions and experiences.

Besides some positive effects will be illustrated in receiving support section, there are some other reasons illustrate. Chinese women who have lost the only child inclined to live around peers because they do not want to be influenced by others who have children or grandchildren. Another reason is they lived anywhere, far from each other. It was not easy for them to meet peer, therefore, they could not get benefit from huddling together for warmth. They only can call peers,

occasionally visited peers at home. If someone wants to go to see other peers, they have to pay for everything by themselves. For the women who have difficulty in economic, the transportation fee of meeting peers has brought burden to them. The difficulty in meeting peers restricted receiving the support of peers.

Participants' ideal *Shidu* mutual support care center described as follows.

...Therefore, it is best to set up a mutual elderly care center among people who have lost the only child. This center has government supervision and policy support...it should have a multimedia multi-purpose entertainment room because we need some activities to make our life colorful...There must also have a medical room, including a psychological counseling room. (Participant 11: 150-158)

...We only hug together for warmth...That is through some platforms could let us (who have lost the only child) provide for the aged together, take care of each other. (Participant 2: 193-194)

Getting care for the elderly through Internet + community-based home care is centered by home and integrated with community care support supplemented by the Internet to provide long-term health care, housekeeping services,

rehabilitation nursing, and spiritual comfort. Some Chinese women in this study prefer living in their own house because home-based care for the aged is a conventional type in China. They familiar with the environment and they felt comfortable. So, some Chinese women inclined to get care for the elderly at their own house. However, the home-based care for the aged for Chinese women is different from traditional type because there is no child could provide care for them. Therefore, Chinese women needed community-based home care supplemented with the support of the Internet.

Chinese women who have lost the only child in this study wanted to make pairs with the family doctors who well know their health situation in case something happened they can call them and consult them to gain timely counseling and support. They hope the community to take some responsibilities, for instance, establish health records, and organize regular medical examinations in order to know and keep a record of their health status. When they are unable to take care of themselves or inconvenient, there are nursing staffs that come to their homes to implement nursing care, such as intravenous infusion, injections, and atomization. In this way, they can get nursing care at home. There is a dedicated pager at home, which can be used to call for help in emergencies, such as emergency illness or fall. Also, they hope to learn health-related knowledge through participating in some community-organized health lectures or learning from a smartphone via APP

program or telephone education. Moreover, there are housekeeping services, such as clean the room and window, move heavy things to the house, such as oil and rice.

The following quotation is the example of the ideal Internet + community-based home care.

...there must be a pager at home. In case something happened, we can call through the button. So that the home-based elderly care should be combined with community care. Because we have no children, we are not home-based elderly care as other elderly people. I hope that the community can establish health records, and provide regular medical examinations so that we can know our health status. (Participant 11: 169-171)

Getting care for the elderly via institutions is getting elderly care from the nursing home, elderly care center, or a combination of medical and health care center. It is the last choice that Chinese women chose when the above kinds do not work. Comprehensively, conveniently, and timely are participants' expectations for these institutions. Furthermore, they hope there should involve medical care, daily life care to provide "elderly care" in each institution. For medical care, Chinese women hope to get health counseling and check, disease diagnosis and treatment, rehabilitation, and hospice care. Daily life care involved having staffs to take care of them, such as providing a meal, cleaning the room.

The following quotation is the example of the plan in getting care for the elderly via institutions.

...Finally, we reached a consensus that we will live here (the housing for living now) until we cannot climb the stairs, and we will sell this house then go to the nursing home or elderly care center. (Participant 7: 135)

...the institution is combined medical treatment and elderly care... When you are sick, you need some treatment; you transferred to medical treatment department. After recovery, you return to the elderly care department. (Participant 10: 453-455)

Reconstructing a new life

Reconstructing a new life is the actions that Chinese women who have lost the only child put the efforts to cope with the barriers and achieve life goals through developing strategies. It consists of four dimensions, *acquiring new knowledge and skills, building health, managing financial and housing issues, and achieving a peaceful life* (see Figure 13). During reconstructed a new life, there some difficulties could reduce even destroy participants' desire and confidence. As a result, some participants had inadequate abilities to deal with those difficulties and moved back to the previous phases and then repeated the process.

This study found that the type and degree of difficulties and coping behaviors are correlated. A woman who was physically healthy and generally at ease with life may be in better condition to reconstruct a new life than someone who suffers from a variety of physical, financial, and housing difficulties. Some participants had fewer difficulties and rich support; they can reconstruct a new life actively and effectively; while some participants had many difficulties and less support, they were too hard to reconstruct a new life.

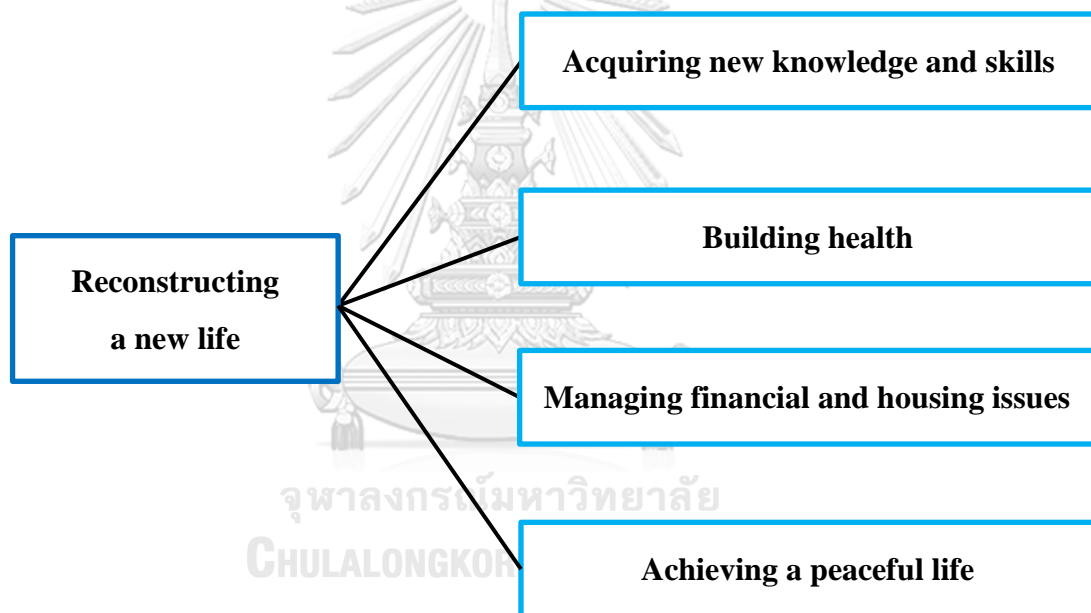


Figure 13 A summary of reconstructing a new life

Acquiring new knowledge and skills

Acquiring new knowledge and skills refers to knowing or acquiring something new that not known or not known well to extend or confirm Chinese women's previous knowledge and skills in the past by seeking actively and

experiencing directly. Here, knowledge includes information. *Acquiring new knowledge and skills* through a variety of resources used to assist them in daily life. This study found that education level does not have a clear influence on learning intention. Although some participants had a primary level of education, they still had the intention to learn knowledge and skills. The outcome after acquiring knowledge and skills benefits for helping participants deal with life after losing the only child more effectively as well as enhancing their knowledge and self-confidence. Besides, they would know their deficiency, which benefits from recognizing what needs to learn more.

Chinese women in this study acquired knowledge and skills through various sources. This study found that television and the website (through smartphone or computer) are the most common and effective sources. Moreover, family members, friends, colleagues, neighbors, health professionals, therapist, teachers (traditional Chinese psychology teacher, dance teacher, computer teacher, outdoor training teacher) were the sources, too.

They have acquired knowledge involve medical knowledge (such as how to prevent diseases, how to do self-monitoring, what the symptoms of some diseases), local conditions and customs, history, etiquette, how to keep beauty, policies related to women who lost the only child. Furthermore, some participants acquired some knowledge related to promoting the relationship with the husband.

The repertoire of skills that participants have acquired involves computer, cooking, dancing, singing, ball sports, and piano. Moreover, all participants learned how to use a smartphone. Knowing how to use a smartphone or computer is convenient for them to communicate with others. Again, they can learn knowledge and information from a smartphone. During learning how to use a smartphone, they sought support from young people around them to teach them or sought support from young colleagues from the retired working place. Additionally, some participants learned about embroidering cross-stitch and knitting scarf to earn money. Besides, they can exercise figures.

Seeking actively is the actions that Chinese women who have lost the only child acquiring knowledge and skills by asking directly, and searching from the website. Seeking actively mainly refers to acquiring knowledge as well as some information. Most participants have the information blocked. They did not know about the policies that are beneficial to them at the national and local levels, or they did not know timely. However, they tried to acquire more information. Asking directly is used direct questions to ask in order to understand what knowledge or information they want to know. Searching from the website is the action that Chinese women learn knowledge and information through a smartphone or a computer.

The statement showed how participant *acquiring new knowledge and skills* through seeking actively as follows.

...I also asked the therapist whether my thrombosis would be better or not. The therapist said that as long as I can persist in doing, they would be improved. Therefore, after the surgery, I went to do physiotherapy until now for almost three years. (Participant 3: 142-144)

Experiencing directly is the actions of Chinese women who have lost the only child learning knowledge or information and skills through practicing, traveling, reading books or newspaper, watching television intentionally, observing others' experiences. It can be both intentionally and unintentionally. For example, following the website recommendation to make strawberry jam; being able to use a computer through constant practice. Moreover, they acquired medical knowledge from *The Doctor is In Program*; know customs of each city in the world from the *Across China* of Central Television International.

Participants shared their experiences as follows.

...I like traveling. Wherever I have been, I will take pictures and write something to record. Travel is not only to see the scenery but also to feel the culture. I like local customs and characteristics. I can know more knowledge. (Participant 11: 413-417)

...We followed it to cook. I cannot cook in the past. When my husband

was alive, he did. Now, I can cook. Three years ago, I learned computer...This is the information era. There is much information on the internet so that I can know...I use the smartphone to read some news or look at WeChat Moments. (Participant 4: 252-262)

Building health

Building health is the actions of Chinese women were trying to perform to maintain and promote health mainly through building physical health and social health. Since during the second phase, the participants developed strategies to come to term; meanwhile, they had built psychological strength at a certain degree. Therefore, in this phase, participants *building health* focused on physical health and social health.

Building physical health is the actions of Chinese women were trying to perform to keep and promote body health or gets sick less through preventing disease, actively seeking treatment, monitoring health status. Participants performed activities of preventing disease, restoring health, maintaining health, and promoting health. It is also a process of learning to take care of themselves.

After losing the only child, Chinese women faced a major issue that is they could not to receive the care from the deceased only child. All participants believed that as getting older and older; they would more susceptible to get sick. They were much being afraid of getting sick because there are many difficulties in seeing a

doctor and receiving care. Therefore, Chinese women in this study tried to build health.

Personal belief about the effectiveness of each strategy and medical knowledge influenced participants' actions. They were afraid of getting sick and hoping to be healthy or get sick less related to the needs in terms of needing to learn medical knowledge including health education, which would be provided by doctors and nurses. This study found that the worse the physical health, the more worries and a stronger desire for health. Also, health care demands are high. Chinese women in this study were trying to build physical health in several ways. All concepts related to building physical health present as follows.

Preventing disease is the actions that Chinese women who have lost the only child tried to reduce the risks of being sick via building a healthy lifestyle and prevent risk according to their beliefs.

Building a healthy lifestyle is the actions that Chinese women who have lost the only child modifying life patterns and activities try to live healthily. It involved three dimensions, eating healthy food, exercising, and having good rest. The “healthy” based on the belief of Chinese women in this study.

Eating healthy is the actions that Chinese women carefully selectively food to eat, accompanied by taking health products and traditional Chinese herbs to prevent disease in daily life. Eating healthy relates to

participants' belief and their regimen knowledge. The basic principle follows one Chinese saying, "Eating good breakfast, eating full lunch, eating less dinner." Additionally, they were learning and following recommendations from nutrition books or the Internet to cook and eat. Eating healthy could create a positive feeling or a sense of security.

Chinese women in this study, paid more attention to schedule meals regularly, increase fruit and vegetable intake, drink water regularly, deliberately selected various nutritive foods (e.g., drinking bone soup aim to supplement calcium, eating mushroom), avoid eating some kinds of food (e.g., avoiding eating fried food and pickled food). Besides, avoiding together eating some kinds of foods because they knew from traditional Chinese regimen that together eating some kinds of foods would harm for health. Moreover, taking some nutritional supplements, such as taking multivitamins, vitamin C, calcium tablets, and grape seeds as well as taking traditional Chinese herbs, such as oatmeal, jujube, and pseudo-ginseng. Chinese women in this study believe taking nutritional supplements could prevent the disease. Moreover, there is some evidence that supports the effectiveness of some kinds of health products. These beliefs led the participants to seek to use them. Taking health products could create positive thoughts related to the expected outcomes.

The quotations are examples of Chinese women

how to eat healthily as follows.

...We concerned about which food is good for the body; which food eat together is bad for our health... In addition, we saw how to cook vegetables from the website. We followed it to cook. (Participant 4: 309, 316)

...I started eating nutrients and grape seed...I also paid greater attention to the diet. I learned the knowledge of nutrition. I take food accordingly the nutrition book. (Participant 10: 168-172)

...I heard that the elderly are deficient in calcium, so I bought some calcium tablets...vitamin C, and so on to eat. Sometimes, I bought some oatmeal, jujube, pseudo-ginseng, which are nutrient. Eating them is good for my health. (Participant 7: 730-734)

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Exercising is the actions that Chinese women put physical and mental effort to prevent disease in daily life. Some Chinese women in this study kept exercising continuously every day because they perceived the benefit of exercise; some not restrained by time and intensity. Participants can do exercise with other people or being alone. Some participants exercise accompanied by dogs. Walking is the major way that Chinese women in this study chosen because it is easy

and convenient. All Chinese women in this study exercise via walked to buy food and vegetable. Other exercising included dancing, playing balls, playing Tai Chi, swimming, practicing Yoga. Occasionally, they climbed mountains. The typical exercise place can be a park, an exercise center, housing estate, and home.

The participants were afraid of getting Alzheimer's disease. Therefore, they were not only exercising physically through knit a sweater or a scarf to exercise fingers but also exercising the brain via playing mahjong. Playing mahjong exercised the brain to think about how to play. Playing the piano is a useful way to achieve exercise body (fingers) and brain at the same time. Dancing while listening to music is an effective way; this benefits for mood because the music can promote to mind relaxation and bring a pleasant mood. All participants believe that good mood benefits physical health. As one participant said; "*The more we are happy, the more we are healthy. (Participant 1: 150)*"

The participants' quotations addressed exercising as follows.

...When I am free, I knit a sweater to exercise my fingers. Sometimes, I go out for a walk. (Participant 4: 243-244)

...I walked like to do a kind of exercise. (The researcher asked: How do you walk?) I spend 2 to 3 hours to walk continuously per day...Anyway, I

walk every day. (Participant 3: 176-181)

...I learned to play Tai Chi after losing my daughter one and half year because it is good for health...Play the mahjong could exercise the brain because I should think about how to play. (Participant 7: 407-415)

Having good rest is the status of relaxing or ceasing to engage in the strenuous or stressful activity among Chinese women who have lost the only child. Sufficient sleep is a crucial way to have good rest. However, most Chinese women after losing the only child had poor sleep quality. Some kinds of disease (e.g., stomachache) also affected their sleep. With perceiving that good rest could benefit physical health via boosting immunity and resistance, they tried to get a good rest used various strategies.

During day time, they made themselves felt tired through keeping busy by working or doing more exercise, which makes them fall asleep easily at night. They chose the appropriate time by adjusting the time to go to bed until they felt sleepy. They took a warm bath or soaked feet in warm water before going to bed, which let them feel relax and fall asleep easily. Praying before sleep to have a peaceful mood also helps them to fall asleep. Those who were much difficulty in sleep, they chose to take analgesic or hypnotics to have a good sleep.

In order to get sufficient rest, some participants took a nap at noon every day. However, some participants avoid taking a nap at day time because if taking a nap at day time would let them much difficult to sleep at night. Moreover, not carrying heavy things, not dancing too long time, stopping to have a rest during climbing floors are also the strategies that the participants used. That is to say; everyone chose the way that suits her to have good rest.

The quotations of the participants showed their experiences about getting good rest as follows.

...Every night, before I go to bed, I will pray to make my mind calm and easy to fall asleep. (Participant 13: 269)

...I could not sleep well every night...I have to take hypnotics before going to bed. Otherwise, I could not sleep...I am too weak to do anything heavy. Like me, when I buy vegetable...I buy a few every time, and I buy it every day. (Participant 9: 39-42, 300-303)

Preventing risks is the actions that Chinese women who have lost the only child avoid a situation involving exposure to danger that would bring health problems through both doing and not doing. For example, distinguishing each small medicine box by writing eating time to prevent taking the wrong medicine,

wearing sunglasses to protect eyes, stopping working as a hairdresser to prevent venous thrombosis getting worse, not moving to a new house to prevent too tired to get sick, not climbing to clean outside window to prevent fall.

The following participants' quotations showed their strategies.

...I wrote the time on each small box. I will eat the medicine from this box in the morning; this is for after lunch; this is for an evening. This small box is the medicine that I need to eat in an unexpected situation. (The participant was showing the medicine in medicine box while explaining to the researcher). (Participant 9: 445-447)

...We can clean the room except for the outside windows. We scare to climb if we fall that will be big trouble. (Participant 6: 423-424)

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Actively seeking treatment is the actions that Chinese women who have lost the only child actively and initially chose to cure disease or relieve symptoms through taking medication, doing physiotherapy, doing surgery, getting an intravenous infusion. Although Chinese women tried to build physical health, in this study, most participants suffered from poor health as illustrated in the first phase. No matter Chinese women get the disease before the loss or after loss, the present

condition is sick. They realized that actively seeking treatment is an effective way to cure disease and alleviate symptom; therefore they were actively seeking treatment from modern medicine and doctors.

Chinese women in this study take medicine not only western medicine in a broad sense, but also traditional Chinese medicine. Some participants did physiotherapy for relieving symptoms of venous thrombosis, or for relieving the pain of scapulohumeral periarthritis. Most participants underwent surgery, such as coronary artery bypass, peritonitis surgery, acute glaucoma surgery, ovarian cyst surgery, gall-stone surgery, hemorrhoid surgery, venous thrombosis surgery. Getting intravenous infusion is a universal way when participants receive treatment.

During actively seeking treatment, Chinese women also sought support from others; for example, calling friends or neighbors send them to the hospital to get treatment. When the signature is needed, they sought support from other people, including family members, friends, classmates, colleagues, and community leader to acquire the opportunity of receiving treatment.

The statements of the participants showed how they were actively seeking treatment.

...Moreover, my health is poor. I need to take some medicine...I just

bought some Chinese traditional medicine to eat. (Participant 8: 157,354)

...I do the physiotherapy every day. My feet are black. After I did physiotherapy, they are not as black as they once were...I went to do physiotherapy until now for almost three years. I do systemic therapy to purify the blood. (Participant 3: 134-146)

Monitoring physical status was the actions of Chinese women after losing the only child intentionally observe and check the physical status using self-monitoring or taking a medical examination. Chinese women in this study believe monitoring is an effective method for knowing the physical status. Monitoring physical status has two expected outcomes of Chinese women in this study; one is to ensure their physical health is ok; the other is to discover a sign of any disease. Participants believe that, through monitoring physical status, they can know their health status, and if they got an illness, they could get treatment as early as possible.

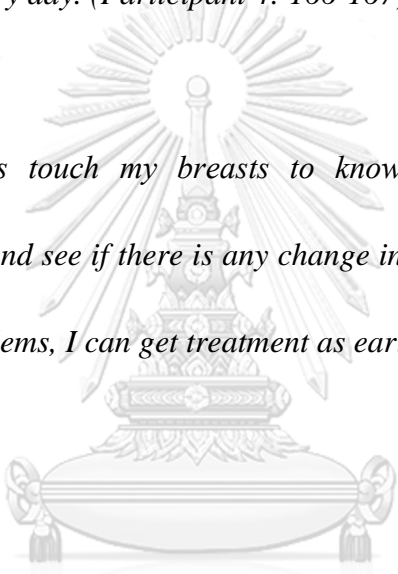
Self-monitoring is the actions of Chinese women purposefully manage themselves to observe and examine physical changes in daily life through equipment or sensation, including touch and vision. They believe self-monitoring is an effective way to know the physical status. It involved two types. One type of self-monitoring is high self-monitoring. For example, some participants measured blood pressure every day in order to monitor heart status. The other type is low self-monitoring, that is to say, participant monitored physical status casually. For

example, some participants monitor breast by touch and observation just when they remind to do so.

The quotation details Chinese women in this study monitor their physical status as shown below.

...I have hypertension... I have a blood pressure meter. I measure my blood pressure every day. (Participant 4: 166-167)

...I sometimes touch my breasts to know whether there are any abnormal masses and see if there is any change in the shape of the breast. If there are any problems, I can get treatment as early as possible. (Participant 13: 442-443)



Taking medical examinations is the actions of Chinese women purposefully choosing medical means and methods to check their physical status by knowing the information of doctors and physiotherapists. Some participants take annual physical examinations. The medical examinations can be chosen according to their own intention or organized by the workplace. They can go by self or with husband, colleagues, and friends. Participants take annual medical examinations as a routine check or when they feel something wrong.

The quotation details Chinese women monitor their physical

status through physical examinations as shown below.

...It is my own intention. I usually have a medical examination every year. My husband and I went to the hospital to have a medical examination together. That is to know about our health status. In case of any disease, we can treat as early as possible. (Participant 7: 244-246)

While building physical health, participants had a spiritual sense of security; therefore, the degree of worry decreased. In the process of building physical health, Chinese women who have lost the only child had improved self-care ability day by day. That is to say, based on the knowledge they have learned and the strategies that they performed, they were able to take care of themselves physically.

Building social health is the actions of Chinese women were trying to promoting their relationships with others.

Chinese women in this study actively tried to continue regular communication with other people that they used to do as well as tried to strengthen the connection with other people. The word “connection” represents the actively using of chatting, sharing, and participating activities as the tactic for being connected to other people, which benefit them initiative and actively integrate into society. Communicating made participants gained a sense of social belonging. Their feelings of helplessness, loneliness, and emptiness gradually decreased. Participants were

communicating through talking or chatting by face to face as well as by using a smartphone or computer. This study found that the mass media is an effective tool for participants communicated with other people. Some participants straed to communicate with others through QQ or WeChat application. Virtual online communication reduced participants' sensitivity and resistance. Exercising with other people and participating in activities also would enhance the connections, which benefit in integrating into society.

Paying back to others is actions of Chinese women who have lost the only child to help someone who is in need by offering assistance or resources refer to providing material assistance, giving spiritual assistance, and assistance in action. Participants were considerate of others and imparted of themselves to others in giving ways. Now, Chinese women who have lost the only child have changed from being a recipient to be a helper. Paying back to others is an effective way to build social health. It also made participants realized that helping others could bring new meaning to life.

Knowing the deceased only child's wish is one reason that participants want to pay back to others. Also, they were influenced by the Chinese belief "*helping others would let self be happy* (帮助别人,快乐自己; *bāng zhù bié rén, kuài lè zì jǐ*).” They believe there is mutual benefit from helping others. This belief also related to the law of Karma that is "*doing good will rewarded with good*" as well

as getting bless. This feeling would bring a kind of hope and a sense of security to the participants. Moreover, knowing many people need help make them have a sense of life mission and responsibilities from their heart so that they want to repay society. In the past, participants have received support from other people and society; therefore, they want to pass on the love to others. Moreover, when they were paying back to others, they were gradually integrating into society, which has brought a sense of social belonging. The ways of paying back to others included joining an organization to do charity or help others in daily life. Participants helped everyone in need, such as family members, friends, peers, even strangers. Some participants helped others initiative. Some participants helped others when others asked for help.

For the material aspect, Chinese women in this study were paying back through giving gifts to needy children, giving poor students some living expenses, giving money to poor people, giving clothes to others who need. For action aspect, Chinese women in this study helped other people expressed in carrying belonging, giving a seat to an older people, giving a bicycle to a colleague, helping friends to find a doctor, guiding neighbors to make strawberry jam, sharing car with a colleague to go to cemetery, accompanying the elderly pass the road, accompanying friend visit doctor. There is another special kind of paying back, for example, continue to work even after retirement from the university because the participant wanted to be a worthy person to contribute to society with knowledge and experience.

In this study, Chinese women expressed that they were willing to help peers, especially the spiritual aspect. Showing role-model is a strategy that Chinese women in this study used to help peers. Showing role-model is that Chinese women who have lost the only child were becoming a beam of light. They were sunshine in front of other people. They passed positive energy by giving confidence and power, bringing hope and happiness to lead peers to live life strongly and happily.

Chinese women in this study helped peers via patiently active listening to peers' grief while talking with peers by trying to understand. In this way, actively listening makes participants understand and identify their peers' feelings, worries, difficulties, and needs so that they will try to provide suitable help. They also helped peers via sharing their own stories and lessons what they have learned, including experiences, thoughts, feelings, understandings. Moreover, they said words to comfort, to encourage, and to enlighten peers. Sometimes, they used the strategy to hug peers. Participants expressed their hope that they with their peers can come out from agony as soon as possible.

The quotation details Chinese women in this study paid back to others as shown below.

...Once when I was in difficulty, I got help from others; I also want to give back to society and the people I so love. (Participant 10: 353)

...Sometimes they (peers) called me and said about their grief. Every time, I was listening patiently. I think listening is a kind of help and a kind of comfort. Then I will try to comfort them by sharing my story or my thought.

(Participant 5: 269-272)

Moreover, it should emphasize that some participants who have husband developed a strategy for promoting love with the husband. It is a special kind that belongs to building social health. Promoting love with the husband is the actions of Chinese women who have lost the only child developed various strategies to deal with marital problems and promote affections with the husband. Here, the husband refers to the man who lives with the participants regardless of they got married or not; and the man could be the deceased child's father, or not.

Based on the goal to have a harmonious relationship with the husband, Chinese women who have a husband wanted to spend the remaining life together with this man. Promoting love with the husband occurred when participants realized what wrong or unsatisfied marital relationship is. It is also a process to reconstruct the family. However, this family is without the only child anymore.

The expectant outcomes and benefit of promoting love with the husband are to avoid the misfortune and hurt caused by divorce or poor

relationship with husband; meanwhile, the participants could receive support from the husband. Promoting love with the husband involved enhancing the wife's responsibilities and seeking support to adjust marital problems. Finally, to achieve the goal of having a harmonious relationship with husband, which refers to they could support, understand, and take care of each other.

Before go through using other strategies, adjusting personalities and controlling temper (e.g., being accommodating and obedient) were the primary strategies. Chinese women who have a husband had done many things based on their love and perceptions, even though the husband did not request. Moreover, becoming more considerate was adopted by these women, too. Chinese women who have a husband were enhancing the wife's responsibilities through caring more, taking care, and increasing understanding.

Caring more about the husband involves paying attention to husband's emotions, concerning the husband's health, spending more time to accompany the husband, suggesting the husband stay with friends to relax (e.g., to play cards, to listening to music). Some Chinese women who have a husband not show their grief to the husband because they do not want the husband worried about them. Some participants bought the best fishing gear for the husband to show their care.

Chinese women who have husband were taking care of

their husband involved in daily life and when husband sick. For example, meeting the husband's physiological need, taking husband to see a doctor, and supervising husband takes medicine. They believed women should do more housework; therefore, they did more housework. They usually used one strategy, namely cooking what husband wants to eat. When the husband got sick such as cancer and stroke, they were looking after husband by doing everything such as feeding, bathing for husband.

Increasing understanding of the husband involved considering the husband more from the angle of the husband, increasing communication, and showing understanding. This study found that realizing the husband (the husband means the deceased child's father) had the same loss with them is a sufficient perception that further Chinese women who have a husband in this study to understand more about the husband. Showing understanding would let the husband get the feeling that they were being understood. This feeling can shorten the psychological distance between the women and the husband. Chinese women in this study believe that couples need constant communication based on understanding because it is an effective way to promote love with the husband.

In order to communicate effectively, Chinese women who have a husband used soft words, such as expressed different views calmly and rationally, talking properly, and intellectually discussing. They also used giving encouragement and comfort via verbal and non-verbal language (e.g., hug the

husband) to give support, consolation, confidence to relief husband's grief and bring the hope to the husband.

Moreover, Chinese women who have a husband actively sought conversation topics such as sharing the thought, feelings, and understanding as well as what saw and heard. Encouraging the husband to express in order to identify the husband's feelings, dissatisfactions, needs, worries, and difficulties; meanwhile were showing that they were willing to listen to the husband. After communication, Chinese women who have a husband would know something that they did not know in the past so that they can know more and understand more about the husband.

Chinese women who have a husband also tried to do some things together with the husband, such as traveling and participating in more activities because they believed these activities benefit on promoting love with husband.

The following quotations reflected the above findings.

...After losing my son more than five years, then he (the deceased child's father) was stroke...For more than half a year, I must care him in daily life, such as eating, bathing, and so on. (Participant 6: 194,216)

...I am more considerate of my husband. I have lost my daughter, and

he is the same...I did not ignore his feelings...I sought conversation topics actively...In addition, I asked him what he wants to eat, and I will cook. After all, couples need constant communication. (Participant 5: 176-184)

...During traveling, my husband and I were more dependent on each other and promoted our affection. (Participant 7: 321)

...my husband has hypertension, hyperlipidemia, and diabetes. So, I always accompany him to check, to see the doctor, to pick medicine...I shared reading feelings with him...(I told to him) Tell me about your feelings... I bought the best fishing gear for him so that he can fish with friends. (Participant 10: 159-160, 377,381,386)



Seeking support to adjust marital problems was the participants asked help from some organization and somebody to help them manage the marital problems. The neighborhood committees and the family members were the primary support sources. Moreover, they participated in a Happy Marriage Couple Training Program to acquire support from teachers.

The quotation illustrated how Chinese women sought support to adjust marital problems.

...My current husband's personality is emotional...I do not know when he lost his temper... I do not think what I said is wrong. However, he thinks that I'm wrong. Then he starts to scold me. I could not bear it. I have no choice, so I go to the neighborhood committee to ask help to adjust it. After the neighborhood committee come to my home to adjust, he will be ok for several days (Participant 9: 141-149)

...Just when I felt the problem, the church organized a Happy Marriage Couple Training Program....After we went there; we found that we had problems. The previous thinking and behaviors were wrong (e.g., not talking). Later, we participated in the training four times. Through the training, we start to find out our own problems. We retrospect to the family that was birth and then analyze the problem from the point of view of marriage, and then we adjusted. I am more considerate of my husband. (Participant 5: 151-176)

Managing financial and housing issues

Managing financial and housing issues were Chinese women who have lost the only child tried to manage situations in financial and housing through developing strategies. It consists of two dimensions, one is managing financial issues, and the

other is managing financial housing issues.

Managing financial issues is Chinese women who have lost the only child tried to manage the situation related to lack of money and manage their money in a planned way for future use. Chinese women in this study managed economic issues through four strategies included increasing income, following principles of rational consumption, seeking financial support, and marrying a man with a high salary.

The participants increased income via working as an employee such as a government officer, babysitter, a cashier of a restaurant; doing their own business; earning money at home by embroidering cross-stitch and knitting scarf to sell; selling the deceased child's car to get money; picking up rubbish during the hardest time.

The quotation details Chinese women in this study increased income as shown below.

...I learned to embroider cross-stitch and knit scarf. I sold them to one store to earn some money. I can earn more than five hundred yuan per month. (Participant 8: 163-164)

Following the principles of rational consumption is the Chinese women who have lost the only child managed their money in a planned way. Rational

consumption means that Chinese women who have lost the only child make rational decisions, including buying or saving money according to their perceptions. For example, they only bought something right (e.g., cheap and durable) and what they really need, rent the low price housing, bought cheaper medicine to take. In order to save money, they endured minor illnesses not to visit a doctor, rarely bought new clothes, and not bought a new sofa even though the old one broken.

The following quotations showed the participants' strategies of following the principles of rational consumption.

...Money needs to be spent in a planned way. I always save some money...I usually only buy things that I really need and that they are worthy. Like clothes, I rarely buy new ones. (Participant 13: 337-347)

...Therefore, I will not go to the hospital until I have to go. (Participant 9: 435)

...I have shoulder inflammation... I have to endure the pain. I only go to get treatment when I could not bear it. I endured all minor illnesses to save money. (Participant 11: 186-189)

Chinese women in this study sought financial support from the

government, organization, society, family members, friends, and colleagues as well as the deceased child's relationship network such as working place, colleagues, classmates, teachers, and friends. They sought economic support from the government involved asking to increase subsidy, applying for the lowest living allowance, applying the low rental-housing or public rental-housing to pay few rental fees. They sought bank's support to mortgage house to get money. They seek support from society, such as asked donation via mass media. They borrowed money from siblings and friends.

The example showed how Chinese women in this sought financial support.

...I also tried to ask donations by media. There still have warm heart people donate for us. (Participant 6: 328-329)

Surprisingly, marrying a man who has a high salary was one strategy to manage financial issues. One participant told her story, “*...After I lost my son for two years, I got married to my current husband. I do not like him...He has a good income...after we married, I do not need to pick up the rubbish anymore... (Participant 9: 243-271)*”.

Managing housing issues is Chinese women who have lost the only

child tried to find the place to live for now and for the future. This study found that participants developed strategies involved applying for the low-rental housing or public-rental housing, renting a housing, or marrying a man who has a house. Surprisingly, someone wanted to solve the housing issue via intending to live in the temple.

The leading cause of the housing problem for some participants involved selling the house to get money for paying treatment fee for the only child when he or she was alive, having no house at the beginning, and abandoned by child's father or divorce. During applying the low-rental housing or public-rental housing, the participants sought support from the community for preparing and submitting documents.

The quotations illustrated how Chinese women in this study solved the housing issue.

...After my son passed away several months, I moved to a new small house because I have no house. At that time, I rented the house. I had to pay much rental fee. Later, I applied for the low-rent house; then, I live here until now. (Participant 3: 151-155)

Achieving a peaceful life

Achieving a peaceful life refers to Chinese women who have lost the only

child having a peaceful mind and experiencing positive feelings, which would let them feel good. There is no order among those positive feelings. Moreover, they can exist concurrently. However, that does not mean every participant experienced all the positive feelings.

The negative feelings such as guilt, inferiority, emptiness, loneliness, helplessness, and hopelessness were becoming light. The participants' grief was healing gradually. However, a peaceful life does not mean totally grief free.

In the beginning, some participants were *achieving a peaceful life* with a very short time, even just some seconds and then moved back to the previous phases. Gradually, they were *achieving a peaceful life* for some minutes, some hours, and some days. The frequency of *achieving a peaceful life* was getting more and more; positive feelings were getting longer and longer as well as deeper and deeper.

Chinese women in this study were cherishing what they have had, concentrating on current life, and being in the moment. They felt satisfied with the current life, including the living environment, the relationship with the husband, career, and appearance. They felt lucky to have such a relationship with the surrounding people. All participants expressed appreciate those individuals, organization, and the government. Furthermore, they appreciated life.

Chinese women in this study felt fullest in the heart. They were achieving feeling fullest in the heart by participating in meaningful activities. During daily life,

participants were feeling warm in the heart in some moments. For example, receiving concern, joining the group birthday party, having someone come home to visit them, and having college students to help them clean window.

The participants were experiencing a happy feeling. To achieving feeling happy at the moment, they intentionally chose the content of television programs, such as comedies and funny short play. The feeling of happy also achieved through recalling the cherished and happy moment as well as doing what they want to do. In a situation, when they see others' good children and grandchildren, they also felt happy for them.

Having a sense of security is that Chinese women who have lost the only child have feelings of being safe, determinacy, and controllable as well as were free from various worries such as health, finance, and housing. The feeling can come from well-planned future, knowing the ability of self, knowing they have sources of support.

Chinese women in this study were having a sense of achievement by getting praise from others. Having a sense of achievement was also by achieving their dreams or the deceased only child's wishes, for instance, working as a teacher, giving love to others, setting and managing a housekeeping services company, studying in an elderly university. Finally, Chinese women who have lost the only child achieved growing up, namely having a more peaceful mind and become advanced in mindset and abilities

bit by bit.

The following quotations supported the above findings.

...Anyway, after losing my daughter, I felt that I was growing up constantly; including the growth of my mindset. (Can you talk about what you understand about “the growth of the mindset”?)The growth of the mindset means to experience all thoughts in an entirely new way. (Participant 13: 187-188)

...I feel comfortable and happy in my heart...Anyway; I will feel that I am a worthy person. (Participant 10: 362)

...In addition, there are many people in society are caring about us; we can feel warm in the heart... For example, when we chat with each other, I would share how to make the strawberry jam, which I have learned from the Internet. Then, they went to buy the strawberry and I guided them to make the strawberry jam. When they said, “it is delicious”, I have a sense of achievement (the participant smiled). (Participant 4: 111, 249-252)

...Thank you, Haiyan. I feel so good to meet you and talk to you. For many years, no one has come to talk to me like you do today. Thank you for

your concern. My heart is very touched. My heart is warm. I deeply appreciate you. Appreciation. Appreciation. The heart is full of gratitude. Thank you. Thank you for spending so much time to accompany me.

(Participant 8: 607-610)

...This work (working as a kindergarten teacher) is very important and helpful for me not only in the economic aspect but also in the spiritual aspect. I felt so happy together with kids... I was very busy with my work every day. The kids are so cute. I focused on how to take well care of them...I felt fullest in my heart...I had a good relationship with the kids, their parents, my colleagues, and my boss. I spent a great time in kindergarten. (Participant 5: 112-121)

This study found that two factors influence the living process, one is receiving support, which motivates the participants move forward; the other is encountering adverse triggering situations, which bring the participants back to the previous phases. The detail presented as follows.

Receiving support

Receiving support is Chinese women who have lost the only child gained the

psychological, financial, material, and practical assistance of organizations and individuals through the verbal and nonverbal method, which come from others' intention and can be the motivations that force them to deal with the loss and move forward. Receiving support is one main influencing factor of the living process among Chinese women after losing the only child. Receiving support started after the loss immediately and connected all phases and all through the whole living process of Chinese women after losing the only child. Receiving support is from others' intention; not the participants required others to do so. Participants accepted others to influence and lead their thought and then actions. The kinds and methods of support not independently; some can come together as well as there is no sequence.

This study found that receiving support is related to interpersonal resources. In this study, some participants had abundant resources, which helped them to deal with the loss and made them more manageable. So, the first phase is shorter for them. In contrast, some participants had few resources to support them. Even after losing the only child for more than ten years, they were still **living in agony**.

Chinese women in this study expressed the need for professional support to decrease their agony, and help them to come out from the first phase as soon as possible. However, all participants did not receive such support timely. Moreover, they did not seek these supports directly. Participants expressed strong hope that they hope some professionals would support them in psychologically timely after losing

the only child.

Kinds of support

This study found there are three kinds of support in terms of psychological support, financial and material support, and practical support. This study found that financial and material support as well as practical support finally also achieved support in the psychological aspect in terms decrease grief and gave participants expectation and confidence to live life.

Receiving psychological support refers to the mental and emotional state and supersubstantial aspects, usually by words or actions. Chinese women who have lost the only child received psychological support involved consolation, encouragement, and enlightenment from other people's words; as well as companion, receive a hug, received a shoulder, and visit. Receiving psychological support take an essential role in life after losing the only child of Chinese women.

Some participants had gained professional psychological support such as psychological counseling and outdoor training from a psychiatrist, traditional Chinese medicine psychological teacher, and community nurse. The other people introduced the chance to them no matter they are willing or not; then they received these support. It usually occurred when others realized they had some problems or the organization had some activities. Although professional psychological support is an effective way to support them, it usually occurred after the loss several months or years. Although

this support came after losing the only child over than two years, the participants still expressed that they had received benefits. Also, knowing the professionals are willing to provide psychological support can bring psychological support to the participants in terms of spiritual support, such as reduce their helplessness and loneliness.

The participants described *receiving psychological support* as follows.

...Someday before, The Love Bird invited a traditional Chinese medicine psychology teacher to give us psychological counseling...Anyway, after I participated, I feel better. It was useful. ...She (a friend of participant) always talked to me with positive thinking to think about good things. Such as, my son passed away because of disease, we at least have chance to treat him, whereas others who lost their child since the accident, their parents had no chance to find their body, something like this. (Participant 6: 408-415, 439)

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...I met a nurse who worked at a mental hospital...I was willing to talk to her. Because I think the nurse will not laugh at me...And she had professional knowledge. I told her about my situation. She suggested me to go to see a psychiatrist...Later; I went to see a psychiatrist. I got psychologically counseling...It's much better after psychological counseling. He asked me to say out all my thoughts first, and then analyze them one by

one. I think that what he said makes sense. (Participant 11: 309-335)

Receiving financial and material support mainly refers to money or goods.

In this study, Chinese women received financial and material support involved solatium from the government and organizations, the donation from warm heart persons, money from family members, friends, and colleagues. In Chinese culture, after someone passed away, the other people will give some money to the bereaved people, generally during other people participated in the funeral. Besides, they received a sofa, meals, and fruit.

The participants described *receiving financial and material support* as follows.

...At that time, our colleagues also laid-off, and the economic conditions were low, but they still gave us some money. After burying my child, his father and I thought “now these friends and families are doing like this to us, if we die, that is sorry for them”. (Participant 4: 14-15)

Receiving practical support refers to receiving support through other people's actions. For example, other people help the participants to carry goods, clean the window, buy vegetable, cook, send them to hospital, guide them to apply a low-rental housing, help them to take care the stroke husband, pick them up when coming

back after finish funeral from another city, accompany them to buy a smartphone, share a car to visit the deceased child at the cemetery, and provide signature. The family members looked after the participants' mother was one kind of practical support, too. Moreover, other people shared knowledge and useful information as well as teach them some skills.

The participants described *receiving practical support* as follows.

...My younger brother is 49 years old. He takes care of my mother. He said, "Your change is quite big. You just do what you want to do. I can take care of mom." I have only him. My sister-in-law is also good for my mother.

(Participant 12: 259-265)

...Before last Spring Festival, the community organized college student volunteers to help us clean the outside windows, which touched my heart.

(Participant 6: 425)

Sources of support

One source of support came from the government and organizations. The governments, which provide compensation yearly and monthly, provide bus card to let them take bus free, assign some staffs to visit them during some festivals. A non-government organization, namely the Love Birds, which is a provincial public welfare

organization refers to the care and support the family after losing the only child, it let the participants have a communication platform to know and contact with other peers. A *Shidu* mutual support center among people who have lost the only child is the most powerful source of support. The detail will present later. The workplace, give them a salary; more than this, it supported them via visit, donation, care, convenience. The community residents' committees, which provide information, visit, signature, help them apply for low-rental housing. Furthermore, some sources of support were seen as family or family members by the participants.

The participants described as follows.

...The neighborhood committee very concerns about me...those people in the neighborhood committee are very kind...That is why I think the community is like my family members. (Participant 9: 33-35, 400)

The other sources of support came from individuals. For instance, husband, family members (e.g., parents, siblings, relatives), peers, bosom friends, colleagues, neighbors, health professionals (e.g., traditional Chinese psychology teacher, doctor, nurse, outdoor training teacher), restaurant owner, volunteers, and other strangers in society. Moreover, Chinese women received support from the child's network relationship, such as classmates, teachers, friends, leader, and colleagues. Some participants had teachers taught them dancing at an elder university or a dancing

center; had teacher taught them a computer at computer school; had friends taught them what home care is; had television program taught them many things.

Husband always takes a vital role during life after losing the only child. Here, the husband refers to the man who lived with the participants regardless of they got married or not; and the man can be the deceased child's father, or not. Chinese women in this study could get emotional or spiritual support from husband, such as companion, understand, consolation, concern, tolerance, and encouragement. Moreover, they were receiving daily living support from husband, such as having husband did housework, including buying food, cooking, washing dishes, cleaning the room. Moreover, the husband always provided tangible support, such as money. This study found that Chinese women and the husband are mutual support. Moreover, participants who have a husband, especially who had a good relationship with the husband and received plentiful support have less helplessness and loneliness. Moreover, the same loss and experience could deepen and strengthen the marital bond.

The participants described as follows.

...My husband bought food, cooked, washed dishes, and cleaned the room. He took care of me and comfort me...he is beside me. We can comfort each other when we cannot understand. I very appreciate having such a good husband. We should understand each other, comfort each other, and

depend on each other. (Participant 7: 26-42

...The doctor said that I have thrombosis, even I do the surgery, also cannot clear, they will relapse. (Participant 3: 139)

During life after losing the only child, receiving support from *peers* takes a vital role in terms of providing support, especially in psychological comfort. For example, concern, consolation, enlightenment, and encouragement. These supports are different from any others' and have a strong impact.

They were coming together because of lost the only child. So, they had the same experience, mood, and situation, thereby, make them have a stronger sense of resonance so that they can understand each other and empathize. By being with peers made Chinese women in this study had a sense of belonging and have a sense of having a family result in reducing their loneliness and helplessness. They see those peers as family members. They felt they have someone can rely on again. Successful peers as a role-model have a significant influence on them. They can provide effectively by sharing their own stories, including experiences, thoughts, feelings in positive aspects, and useful ways. By seeing and feeling the current situation of other peers can bring hope to the participants that make them can image their bright future. That is means that who being with is important.

Being together with peers, there are no despising and no teasing. The participants can open their hearts and express their inner heart feelings. It provides an opportunity for the participants to pour out. They can talk about everything. For example, feelings, thoughts, worries, detail such as how to look for the future, how to improve health, how to keep beauty, how to live, how to strong living, even talk some words from heart, which could not say to anyone else including mother. The peers can provide support from face to face chatting as well as through a smartphone or a computer. WeChat and QQ are major applications that they used. Besides, peers provide support through doing many things together with the participants, for instance, traveling, climbing mountain, cooking, having a meal, going to park, and shopping. Some peers provide support through looking after and helping the participants who in need. In all, receiving support from peers has a great impact.

Examples from participants' quotations illustrated the above findings.

...Um, I get more comfortable or helpful from my peers. Sometimes, what I could not say to my mother and my younger brothers, but I can say it all to my peers...After all, we all have the same experience are more able to empathize...we are friends, and we are families...We are together, and I feel my grief is healing slowly. Because chatting or listening, is also a kind of help...The important thing is to be together with my family, I mean my peers.

(Participant 5: 217-230)

...When I have this family (peer group), I do not feel lonely. We are together, we understand each other, and we are interdependent...The most important and useful thing is together with my peers who also lost the only child...The factor related to my change is the mentality. The main point is to be together with peers. (Participant 4: 89-109)

Interestingly, the women receiving support not only from people but also from the pets. After losing the only child, some women have no companion, especially for those who live alone. Therefore, some participants raised pets to accompany them and to decrease loneliness. For another point, they need to spend time to take care of pets, which let them feel have something need to do.

One participant described as follows.

...Raise the dog, give me spiritual support. At least I can talk to it...I hug it, I feel warm in my heart...Only the dog accompanies me. (Participant 8:443-482)

Methods of support

In this study, Chinese women received supports through two types in terms of verbal support and nonverbal support.

Verbal support is usually provided through receive advice and others like a consolation as shown in kinds of support. Receiving advice is that Chinese women gained advice in terms of should do or should not do given by other people through words. When participants were listening to or after heard what others said, they thought others' words were right and made sense. Receiving advice can face to face, through a telephone call or call via the application program such as WeChat and QQ. Receiving advice has two effects, one is helping them to know what should be by receiving positive advice or strategies, and the other is helping them to realize own thoughts and behaviors problems regarded as harmful and needing to be dealt with and overcome by adjusting.

Examples of should do related to action such as should change, be strong, go outside (e.g., for a walk, travel, learn dance, go to school, climb mountain, go to farmhouse), play, pour out grief, communicate with friends and relatives, take care of self (e.g., have a good meal and sleep), participate activities (e.g., Happy Marriage Couple Training Program, outdoor training, etcetera), come out, live well. Examples of should do related to thought such as think about good things (e.g., the joy that child has brought, the life is precious and good), believe life will be good, and everything will go better and better.

Examples of should not do involved actions and thoughts such as should not visit the child monthly, not let the deceased child and the parents worry, not think

about bad things (e.g., the loss, the worries, etcetera), not blaming self, not often crying, not having suicidal thought, not feeling guilty, not blaming self, not intending to divorce, not believing marital problems will better day by day no need solves.

The following quotations demonstrated the method of support.

...My friend accompanied me every day, comfort me, and enlighten me...She said: "This is the life of him (the participant's son). Do not be much grief. It has happened already; it is impossible to change. You should eat and drink. Everything will pass, and everything will go well" ...She said: "Go to die. And see who will go to sweep your son's tomb?" In addition, she said: "You are alive, you can accompany your son, and I can accompany you". The words were too helpful at that time. I got a great consolation. If it were not these words of her, I would have died already. (Participant 8: 44-51)

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Nonverbal support for Chinese women includes accompanying, hugging them or providing a shoulder, offering them their favorite food, visiting them, keeping them from reminders by putting the deceased child's photos in the drawer, entertaining them by showing comedy, inviting them to celebrate festivals. This study found that although when participants were **living in agony**, they did not want to meet other people. When someone came to their home, they did not reject, which

influenced by Confucianism, namely “politeness”; responding the call is similar. When they received a hug or received a shoulder to lean, this had brought psychological comfort and power to them. This study found that receiving effective accompany would prevent suicide, especially after loss immediately. The companion, together with comfort greatly reduces the occurrence of suicide. When they saw and felt other people’s concerned eyesight would let them receive psychological support as well. Additionally, their friends avoided talking about children or grandchildren in front of them. It is a special kind of nonverbal support.

Nonverbal support was shown below.

...There were two younger sisters respectively came to accompany with me for more than 20 days after my son passed away...I have my sisters accompanied me. Otherwise, I might suicide. (Participant 6: 70, 370-376)

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Encountering adverse triggering situations

Encountering adverse triggering situations is everything such as scenes, people, place, and objects in surroundings that would lead Chinese women who have lost the only child to think about the deceased child or think about anything, which would bring the negative psychological and emotional feelings to them by experiencing including seeing, hearing, and imagining. It is also an influencing factor in the living process of Chinese women after losing the only child. This study found significant

triggering situations, including *events that occurred in daily life, festivals, encountering financial difficulty, seeing a doctor or going to a hospital and being hospitalization*. These adverse triggering situations were also the difficulties of these participants. Whenever the Chinese women who have lost the only child were encountering adverse triggering situations, they would move back to the previous phase or the first phase and repeated the process.

When Chinese women were **living in agony**, they were susceptible to the surroundings. Everything would be an adverse trigger. Sometimes, other people's intentional comfort would be an adverse trigger, too. The situation of the Chinese saying, "*the speaker is not intentional, but the listener is intentional* (说者无心, 听者有意, *shuō zhě wú xīn, tīng zhě yǒu yì*)" often occurred. In some situations, it was unnecessary and unintended hurt because it was the participants assigned unreal and nonexistent meanings.

Some kinds of adverse triggering situations could not be a trigger in a particular environment but could be a trigger in another situation. For example, seeing a child in the street could not upset them, but seeing a child when they hospitalized could make them sad because they would think about they had no child could visit and look after them.

The adverse triggering situations have no sequence, one trigger can cause another, and some adverse triggering situations can exist concurrently. The adverse

triggering situations would exist at any time and anywhere. As time goes by and the effectiveness of coping, some adverse triggering situations that used to affect them could have little or no effect on them now. That is to say, the adverse triggering situations reduced.

Adverse triggering situations in daily life

Adverse triggering situations in ***daily life*** often occurred when participants were seeing something, hearing something, making the upward comparison, experiencing. For example, seeing the deceased child's relic such as photos and clothing; seeing other people's family or children or grandchildren; seeing a child looked like their own child; watching television; listening to ordinary song; hearing what other people talked about the topic related to children or grandchildren, such as how cute grandchildren and how high salary of children.

Adverse triggering situations would come from making an upward comparison, too. For example, comparing with other families that have the couple, child, even the grandchildren, while they were alone in the house; comparing with others who were enjoying becoming a grandmother, while they have lost the life continuation; comparing with other patients who have children take a queue and did all kinds of things when seeing a doctor, while they were alone with sick body; comparing with others' child died because of disease, the parents had a chance to treat

child, but their child died because of an accident, and they did not have a chance to treat child.

Adverse triggering situations would occur via several directly experiencing in daily life, such as going to someplace used to go with child, attending wedding, not understanding by other people or being wronged, staying at home especially being alone, when insomnia, not getting signature, facing not good attitudes of governmental staffs, waiting a long time to get certificate of residence, facing relationship problems with other people, having no one to clean the outside windows or carry bags of rice to home.

Even using a smartphone is an adverse trigger. Since nowadays is the digital information era, the smartphone is one of the life necessities. For some participants, they felt challenged to learn and to use a smartphone. When they encountered some difficulties with using a smartphone, they felt sad and yearning the only child.

This study found that even knowing other persons' information such as pass away but no one knows could be an adverse trigger for Chinese women who have lost the only child.

They also hope there some organizations that organize some volunteers that would help them carry something heavy such as rice and clean outside the window. That is to say; they need household service.

The participants described the experiences regarding *daily life* as follows.

...This year we should online register the course via the smartphone. However, I do not know how to do it. The smartphone is difficult for me...Sometimes, now, there is something wrong with the smartphone, I feel very sad, and I will miss my daughter. (Participant 7:332,347-351)

...However, even though I do not talk to others, I still have the chance to listen to some words, “My grandson is very smart and lovely. My son could earn much money”. I am very sensitive to these words. I feel sad after I heard some words like this. (Participant 9: 372-373)

Adverse triggering situations during festivals

There are many traditional Chinese **festivals**, such as Chinese New Year, the Chinese Mid-Autumn Festival, the Lantern Festival, and the Dragon Boat Festival. These festivals are for reuniting and celebrating with parents, family members, and relatives. The children who are studying or working outside, they will come back to the family to celebrate the festivals. However, knowing the meaning of these festivals are adverse triggering situations for Chinese women who have lost the only child.

Chinese women who have lost the only child felt fear about festivals. They thought the festivals are a disaster for them. Some days before those festivals, Chinese women started anxiety, sad, and desire. Other people prepared goods to celebrate with

children and grandchildren, while they prepared sacrifices for the beloved deceased only child with tears. The loneliness, sadness, and longing for the deceased child were much stronger during festivals. Even they felt despair because they had no expectation of waiting for the only child come back home to celebrate the festivals. They could not get a companion from the only child anymore. The feelings affected the mood so that they had no mood to cook and eat during festivals.

Moreover, there are some festivals for mourning the deceased persons, such as the Qingming Festival, the Winter Solstice Festival, and some days before Chinese New Year as well as the child's birthday and the death anniversary. These festivals or anniversaries would increase longing for the deceased only child. Furthermore, they encountered difficulty in visiting the deceased only child because it was inconvenient as well as their health status, economic status, and transportation difficulty.

Although they would get the invitation from relatives or friends to celebrate festivals with them, they were afraid of seeing others' family celebrate festivals, and they afraid to celebrate festivals with others. Because when they see other children will remind their deceased only child, and then had many negative feelings, felt sad, even they wanted to cry. Some participants cried after celebrating the festivals at friends' home.

The quotations illustrated participants' experiences regarding *festival* trigger as follows.

...Like the Mid-Autumn Festival, my friend invited me to her home. However, I always felt uncomfortable. Looking at her family, I will be sad, I want to cry, but I was afraid to cry in her family. After I went home, I was crying. (Participant 4:200-202)

...It is some festivals, the reunion festivals, for example, the Chinese New Year and the Mid-Autumn Festival. There are also the Qingming, the winter solstice, my child's birthday, and death day. These festivals are very painful. Other people can expect their children and grandchildren come back, but what about me? That is totally impossible for me. (Participant 12:206-209)

Another special kind of festival is the participants' birthday. Some participants suffer during birthday because they would compare and contrast with the past when the only child was alive. The twelfth participant described, *"When my son was alive, he gave me a birthday party every year. Our relatives and his friends joined the birthday party. After losing him, I have no courage to celebrate my birthday. I am afraid of that kind of contrast. Very disappointed, and I missed him so much."*

After losing the only child, the spiritual sustenance and spiritual support

related to the only child disillusioned. They expressed their hope and suggested for the government regarding the spiritual solace. It could achieve by showing concern, for example, giving a call or regards, especially on festivals; visiting at home, especially on festivals or if not go out for a few days. Besides, when they intend to get support, there need to prove many certificates. They hope the government would provide a particular card, for one thing, this card can prove that they are the women who have lost the only child, for another thing when showing this card, they can get certain support.

Adverse triggering situations in financial difficulty

When the situation such as Chinese women needs to pay money, however, they do not have enough money to pay. Therefore, ***encountering financial difficulty*** or some situations need to pay money made them feel anxious, even fear just thought about those issues. The financial difficulty would not disappear by itself; it is always there and will increase as time goes by. That is to say, most Chinese women in this study always encounter this kind of trigger because they need to pay for now, especially for the future.

Moreover, they were older and older; someone had no retired pension. They need to pay for getting elderly care. Due to health status, they need to pay the treatment fee. Nowadays, in different provinces, solatium is different, which made

them not feel ok. Because they think the child is the same, they are all the only child. Therefore, solatium should be the same. For those who are more difficult in economic, they expressed a strong wish that hopes the government would increase the solatium to them.

After losing the only child, Chinese women have no child who should assist them regarding financial support. The economic is the main worry of them. They have to bear the financial expenses by themselves, especially for those who divorced. During life, there were many situations need to pay money, such as pay daily life expenditures (e.g., buying daily living necessities, paying water and electricity fees, paying transportation fees, giving money to others), medical fees (e.g., seeing doctor, checking health, and fee of treatment, care and medicine, etcetera), and housing fees (e.g., rental fees, returning housing mortgage loans). Why are these normal expenditures adverse triggers for Chinese women who have lost the only child? There are some reasons take responses as follows.

First, they spent much money for their children's treatment, even sold the house, borrowed money from friends and relatives, or asked loan from the bank. Therefore, they had to rent a house to live and paid money for a rental fee; return money to creditors or the bank. In this study, more than half participants after losing the only child in debt, even some women after the loss ten years still in debt.

Second, based on age and health status reasons, they could not continue to

work to earn money. In this study, most participants' rely on monthly income retirement pension. However, the retirement pension not high.

Third, after losing the only child, most Chinese women's health decrease and have many diseases. They went to the hospital often. Therefore, they need to pay more medical fees. Furthermore, most of them could get very few health insurance supports. Although all participants had health insurance, they only could get a few economic support. The health insurance only supports fee in terms of being hospitalized. So, they had to pay much money by themselves; especially they need to pay all if they did not hospitalize, such as the treatment fee of outpatient, medicine fee, and medical health checking. Some participants had to do surgery, which needs amounts of money. Some participants paid for medicine fee accounted for half of the monthly income. The health status is poor, the more they need to pay. Most participants stated that they hoped there is final support for them. They hope the government could consider the medical insurance issue to cut some medical costs. If they can take medicine freely, they can get treatment guarantee.

Fourth, some participants had to give money to the parents monthly to fulfill filial piety because the parents have no income. Therefore, some participants need to give money to the parents monthly, on the mother's birthday, and at some festivals.

The above information illustrated why Chinese women who have lost the

only child suffer financial difficulty and why encountering financial difficulty is a significant trigger that influenced the participants' life.

The following quotations supported the above findings.

...during my son treatment, I had spent all the money. Also, I sold my restaurant and house to treat him...Now, I live by depending on the lowest living allowance...It has only risen to 720 yuan in recent years. This month need to pay the electricity bill. The next month needs to pay the water fee. Moreover, my health is not good. I need to take some medicine...to pay rental fees, or to pay property management fees, and so on. When encountering these things, I am anxious, and then I feel very sad.
(Participant 8: 105-140, 153-158, 318-324)

...I have more than 2,000 yuan/month. I pay more than 1,000 yuan/month for medicines...I did not go to check (health). I cannot pay to check it. I just take medicine. (Participant 9: 260-261,436-438)

Furthermore, due to financial issues, some participants have to bear the minor disease until they could not bear, and then they go to see a doctor. Physical pain reduces their quality of life. Relating to financial difficulties, they hope the government would concern about housing issue, such as provide a low-rental house,

reduce public rental housing fee, and provide policy related to deal with the house.

Adverse triggering situations in getting sick, seeing a doctor, going to the hospital, hospitalization

As in the first phase shown that most Chinese women in this study were suffering from diseases. ***Getting sick*** is an adverse triggering situation. One main reason is that they had no caregiver to provide care, visit, and companion, especially for those who have no husband or families members. The other is because they need to ***see a doctor*** or ***go to the hospital***, including the outpatient department, and even ***hospitalization***. All these are adverse triggering situations for Chinese women who have lost the only child, which based on many considerations, difficulties, and various worries.

Firstly, they were afraid of troubles such as spending a long time to do many things such as queue up, register, and fill many files; go to many places to do many medical checks. Sometimes, when they finished every required thing but the doctor already got off work, so that they had to wait until the afternoon. Therefore, they hope when they see a doctor or go to the hospital, there has the Green Channel or VIP Channel for them, which means they do not need to wait for a long time to queue up.

Second, they worried no one could sign. They hope the government would

announce a policy that they do not need to provide the signature for surgery or apply for a nursing home; or assign some persons who should sign for them.

Third, go to the hospital or being hospitalized make them had to face many people, which become one source that make them feel fear. They were afraid other patients would ask about the child issue. Also, when seeing other patients had a child did all kinds of things, but they are alone, they would long for the deceased only child. The participants who had the experience in terms of accompanied the only child seeing a doctor in a hospital when the child was sick when they went to the hospital again, it would stimulate them to recall that scenes and miss the deceased child. Sometimes, the doctors and nurses knew they had lost the only child and tried to show their concern, but when they are sensitive, the concern will remind them to miss the deceased only child, too. Longing for the deceased only child let them feel sad, feel lonely, and even feel pity.

Last, having no caregiver would accompany and provide care to them. Chinese women, especially for those who divorced or had no family members, had no one could accompany them to the hospital. They have to take care of themselves, such as buying food by self, carrying the infusion bottle to the toilet by self.

However, during the long journey of Chinese women's life, they are many situations that they need to go to the hospital, for instance, picking medicine, get an intravenous infusion, to do a medical examination, and acquire treatment such as

doing surgery. Some participants may go to the hospital often because of their poor health status. Even, they were hospitalized after crying or after holding a memorial ceremony for the deceased child. They also go to the hospital because of their family members or husband. For instance, they accompanied them to check health, picking medicine for them, taking care of them when they hospitalized. No matter, whatever the reason, although they do not want to go to the hospital, they need to go to the hospital. That is to say; they always have to encounter adverse triggering situations.

Because these difficulties in going to the hospital as well they are afraid of some emergency illnesses. Therefore, participants hope to make a relationship with community doctors and nurses. Once there is an emergency, they can get help as soon as possible. Most Chinese women in this study expressed their needs that relate to psychological care. They hope there are psychologists or psychological nurse who understand them would provide psychological care to them. They did not strict about the place. However, they prefer their home. Chinese women need nursing education; they desire to learn medical and nursing knowledge, such as how to prevent disease, what should do in case some emergency circumstance happened, how to care certain kind of disease, how to promote health. The way they intend to learn knowledge include from regular lectures in community, WeChat group sharing, special application, home visiting.

Participants described their experiences and perspectives as follows.

...It takes a long time for queue up to register. Other patients have children accompany, and the children can do all kinds of things, whereas there were just two of us, and we are old. Moreover, we know nothing. We must do everything by ourselves. (Participant 6:295-299)

...No one was accompanying. When I go to the toilet, I have to carry the infusion bottle by myself. At the same time, I saw other patients have family members accompanied them, and take care of them. I feel very sad. I missed my son very much. (Participant 9:430-434)

...One time, I had the fracture. I went to the hospital. I had to fill the files. Then the doctor and nurse knew my situation. Therefore, they care for me much more. However, the more they care me, the more I miss my son...My health is poor; I often have to go to the hospital. To see a doctor, they let you do many medical checks, to pay money, went to many places. I was alone, and I was sick. When I finish everything, they get off work. I have to wait until 2 p.m., and then the nurse could give me the intravenous infusion. At that time, I wanted to cry... (Participant 4:170-175, 215-220)

CHAPTER V

DISCUSSION

Qualitative research and Glaserian grounded theory methodology were used in this study. The living process, namely “**struggling to live a new normal life**,” is grounded in the raw data based on Chinese women’s experiences and perspectives. It consists of three phases; **living in agony, coming to term, and being alive in a new way**. The final chapter is a comprehensive description of the research findings and in comparison with the previous literature, followed by implications for nursing science included knowledge development, implications for nursing education, implications for nursing practice, implications for health policy, and ended by recommendations for future research.

Summarize the research findings

In this study, the purpose was to discover how Chinese women live after losing the only child in the Chinese context. The findings discovered three phases in the living process; **living in agony, coming to term, and being alive in a new way**. These were categorized as **struggling to live a new normal life**, which is the basic social process of Chinese women after losing the only child.

The qualitative grounded theory was employed as a research methodology. Data were collected through an in-depth interview supplemented with observation and field notes. The average interview length is 90 minutes ranged from 61 to 129 minutes. Data saturated with 13 Chinese women who have lost the only child, ages varied from 50 to 68 years old, with a mean age of 59.92 years old, $SD=4.66$. Married and living

with husband and divorced and living alone were account for 38.46% respectively. In this study, three participants graduated from primary school and the other participants graduated higher than the primary school with a bachelor's degree was the highest. Nine participants retired, and one was unemployed. Nine participants have a religious belief in Buddhism or Christianity. Most of the participants had monthly personal income around ¥1501-2500 (\$217.91-362.94). Seven participants have lost a son, and six participants have lost a daughter; their age was between 15 to 30 years old, and the mean age was 23.00 years old, $SD=5.18$. The time post-loss ranged from 34 months (2.8 years) to 298 months (24.8 years). Cancer was the leading cause of loss.

Struggling to live a new normal life is a process of forming a new life after it had been destroyed because of losing the only child through adapting thoughts and behaviors as well as developing strategies in the day-to-day life of Chinese women in the Chinese context. **Struggling to live a new normal life** consists of three phases in terms of **living in agony**, **coming to term**, and **being alive in a new way**. **Struggling to live a new normal life** is not linear; it is a phased and dynamic process. Chinese women after losing the only child moved back and forth constantly among three phases.

Participants defined “a new normal life” in their way based on many conditions. Chinese women who have lost the only child put much effort, used various strategies, strived to live in society appropriately, to balance the present with a planned future, and integrated the deceased only child and the life of themselves peacefully.

Living in agony is the status that Chinese women who have lost the only child were living with extremely or distressingly suffering in day-to-day life after losing the only child. **Living in agony** began when Chinese women know the child's death,

which was the first phase of living process among Chinese women after losing the only child. It consists of two sub-categories *losing the life anchor* and *sinking in grief and fear*. Participants moved between *losing the life anchor* and *sinking in grief and fear* back and forth. *Losing the life anchor* is Chinese women who have lost the only child were suffering regarding their perspectives of losing the only child, which involved what they have lost and foreseen the loss based on actual or potential situations. *Losing the life anchor* involves three dimensions, *losing the most precious only child*, *losing the only family*, and *losing support*. *Sinking in grief and fear* is Chinese women who have lost the only child were suffering because of grief and fear. It has many manifestations that expressed in many ways involved *psychologically, physically, behaviorally and socially*.

Coming to term is thoughts and actions of Chinese women who have lost the only child put effort for striving to decrease agony through accepting loss and controlling self by developing various strategies over and over again, thereby have the desire to live life. **Coming to term** is the second phase of living process among Chinese women after losing the only child. It consists of two sub-categories included *accepting loss and self-controlling*. *Accepting loss* is Chinese women who have lost the only child find reasonable explanations of the child's death to acknowledge and understand death from new positive perspectives. *Accepting loss* thereby reduced participants' grief, stopping denying, not feeling unfair, not feeling angry, not confusing the loss and afterlife, not asking many "why." *Accepting loss* is key turning point. If participants would not accept the loss, they will stay in the first phase. They could not come to term as well as could not move forward to the last phase. *Self-controlling* is Chinese women who have lost the only child rely on their efforts to

decrease grief, regain courage and confidence in life through developing strategies. **Coming to term** is a gradual process, bit-by-bit, and day-by-day. The participants had gained the ability to suppress negative emotions and feelings result in developing mental strength that supported them to prepare themselves to live a new life. **Coming to term** would stimulate Chinese women who have lost the only child to move to the final phase.

Being alive in a new way is actively deal with difficulties in new constructive ways that based on life goals along with the deceased only child among Chinese women who have lost the only child to live a life peacefully. **Being alive in a new way** consists of three sub-categories, *treasuring the deceased child*, *resetting life goals*, and *reconstructing a new life*. *Treasuring the deceased only child* is Chinese women who have lost the only child were keeping carefully and cherished the deceased only child through continuing bonds with the deceased only child. *Resetting life goals* is reorganized the life direction and determination based on the deceased child's wishes, others' expectation, and own hope to motivate Chinese women to construct a new life. *Reconstructing a new life* is the actions that Chinese women who have lost the only child put the efforts to cope with the barriers and achieve life goals through developing strategies. It consists of four dimensions, *acquiring new knowledge and skills*, *building health*, *managing financial and housing issues*, and *achieving a peaceful life*. The frequency of *achieving a peaceful life* was getting more and more; positive feelings were getting longer and longer as well as deeper and deeper.

This study found that the living process of Chinese women after losing the only child was driven by receiving support. Receiving support is Chinese women who have

lost the only child gained the psychological, financial, material, and practical assistance of organizations and individuals through the verbal and nonverbal method, which come from others' intention and can be the motivations that force them to deal with the loss and move forward. Receiving support started after the loss immediately and connected all phases and all through the whole living process of Chinese women after losing the only child.

Encountering adverse triggering situations is everything such as scenes, people, place, and objects in surroundings that would lead Chinese women who have lost the only child to think about the deceased child or think about anything, which would bring the negative psychological and emotional feelings to them by experiencing including seeing, hearing, and imagining. It is also an influencing factor in the living process of Chinese women after losing the only child. However, whenever the Chinese women who have lost the only child were encountering adverse triggering situations, they would move back to the previous phases, and then repeat the process.

Such movement illustrated the dynamic course of the living process of Chinese women after losing the only child. When Chinese women who have lost the only child were **living in agony**, everything would be adverse triggers. However, as time goes by and the effectiveness of coping, some adverse triggering situations that affect the participants in the past, may have little or no effect on them now. The situations of adverse triggers that affect them were decreasing, the frequency of participants returning to the first phase gradually decreased, the interval times were getting longer and longer, and they were staying in the first phase getting shorter and shorter. Additionally, participants put less effort from the first phase to the second phase as well as less effort from the second phase to the third phase than in the past.

Moreover, this study found that Chinese traditional cultural beliefs and personal beliefs also take key roles in the living process of Chinese women after losing the only child.

Discussion of the findings

Chinese traditional cultural beliefs are the accumulation of thousands of years of Chinese culture, Confucianism, as well as Taoism. Although there were no formal documents recorded the source of some Chinese cultural rules, some beliefs commonly accepted among Chinese women in this study. The participants gradually learned and accepted them since they were young. These beliefs have influenced the thoughts and emotions followed by action and behaviors of Chinese women in this study. Chinese women who have lost the only child emerged from a historical background of Chinese particular one-child policy. On the one hand, participants expressed resentment. They believed that because of the one-child caused them losing the only child. On the other hand, they thought they had followed the country's call and made a contribution to the country. Therefore, they turn to seek support from the government. They rely on the country, which is similar to children who want to rely on their parents (Zhang & Jia, 2018b). Therefore, Chinese women who have lost the only child are living uniquely.

Currently, it does not have theories or principles could help nurses to understand the living process and guide nurses effective implementation of nursing care among Chinese women after losing the only child. Hence, this study aimed at discovering the substantive theory to explain the living process of Chinese women after losing the

only child. The researcher tried to explore from the participants experienced in a real setting in the Chinese context.

The model of “**struggling to live a new normal life**” provided detailed knowledge and enhanced an understanding of the living process of Chinese women after losing the only child as a holistic view. In this study, the findings addressed the study question of “*How did Chinese women live after losing the only child?*” The findings of this study could explain the living process undertaken by Chinese women in their daily life after losing the only child.

Chinese women in this study perceived losing the only child as *losing the life anchor*. Chinese women who have lost the only child could not live their lives as what they expected; instead, grief and fear filled their lives. The grief mainly rooted in they loved the most precious only child. The women mourn not only the death of an only child but also the loss of themselves. The participants underwent loss the role as a mother, and continued to face various difficulties and lost the meaning and purpose of life. Participants hold the traditional Chinese belief of “raising a child aim at getting support back when the parents older.” They thought they had lost the main caregiver who can provide care of them. Losing the main caregiver and support are the source of many worries even made participants felt fear; therefore, they were **living in agony** after losing the only child.

After knowing the loss, more than half participants deny, especially those who had lost the only child cause of emergencies, such as motorcycle accident, fire disaster, acute diseases, and suicide. They could not accept the child passed away at a young age. They could not understand why loss the only child. As can be seen from this study finding, due to the restriction of the one-child policy, almost all participants

blamed on the government, and they showed dissatisfaction and resentment with the government.

In this study, Confucianism, Buddhism, and Christianity have exerted a profound influence on the sense of death. The findings revealed that, when the participants were **living in agony**, those beliefs and understanding became the source of their grief, because they focused on the negative aspect to believe the death was sin; death was because receiving bad Karma and retribution. Therefore, the participants were *sinking in grief and fear* with many manifestations, including in psychological, physical, behavioral and social.

The Kubler-Ross model depicted the five-stage of grief and was first introduced by Elisabeth Kubler-Ross (1969), which originally applied these stages to people suffering from a terminal illness. It included denial, anger, bargaining, depression, and acceptance; or popularly known by the acronym DABDA. Chinese women who have lost the only child were undergoing the feeling of guilt and inferiority, which was influenced by Chinese culture. Chinese women in this study stigmatized themselves as a non-filial person because they could not carry on the life continuation of the family. Besides, they stigmatized themselves as a sign of “bad luck,” most participants expressed social withdraw, such as being afraid of seeing other people, more reluctant to communicate with people, especially outsiders. The social withdraw would lead to severe mental trauma and psychological disorder (Li, 2012; Wang, 2014). The behavioral and social manifestations cause their grief to deepen. At another point of view, social withdrawing manifests itself in deliberate isolation from human relationships after the death of the only child because they did not want to talk about the death of a child, but others always talk because a topic related to a child is

the most common one in China.

This study found that all participants had a feeling of guilt. The main aspects were because of Chinese culture and the belief in causing the only child's death. It was consistent with a model, which identifies five sources of guilt: cultural role guilt, death causation guilt, moral guilt, survivor guilt, and recovery guilt (Miles & Demi, 1984).

In the early periods after losing the only child, all participants showed extreme sensitivity. They were easily angered with surroundings, especially with the country and the husband. Participants blamed a lot of the only child policy. They had various problems with husband, such as conflicts, quarreling, less communication, even no communicating at all. Some women have blamed their husbands because they thought it is the husband's actions that have led to the only child dying of cancer. Some participants experienced the tragedy of becoming a widowhood. The number of widowhood may increase with age because women's life is longer than men. For those participants who divorced before the loss, they faced the same situation in terms of being alone. Therefore, Chinese women were not only suffering the *loss of the most precious only child* but suffering from *losing the only family*.

Parents who have not worked through their grief are at increased risk of long-term mental and physical morbidity, increased health service use, and increased sick leave (Lannen, Wolfe, Prigerson, Onelov, & Kreicbergs, 2008). One study showed that due to the lack of care from the only child, the rate of physical deterioration might be higher than that of the population with the same condition (Fan et al., 2018). The only child's death is associated with the participants' health. Most women in this study have a poor health status, which is influenced by psychological and behavioral.

Some adverse lifestyles such as smoking, drinking, not eating, not sleeping, could increase the risk of morbidity. Those who have physical problems would strengthen their grief due to no caregiver.

Meanwhile, in the state of illness, would deepen their grief in psychological manifestations followed by behavioral manifestations. Finally, they were sinking in grief within a circle. Chinese women who have lost the only child are getting older, while some participants already come into the elderly group. The disease and the situation that they cannot wholly self-maintenance severely affected their lives. Due to the lack of caregiver and poor health, the participants will have more difficulties in life. Moreover, poor self-rated health status may affect parents' ability to obtain support and reduce their social support (Zhu et al., 2018).

Some western study had already highlighted the long-term effect of bereavement on mortality (Cohen-Mansfield, Shmotkin, Malkinson, Bartur, & Hazan, 2013). Worden (1991) has suggested a way to understand mourning, it is thinking in terms of tasks, rather than stages or phases. Worden described the four tasks of grieving as accepting the reality of the loss, working through the pain of grieving, adjusting to an environment in which the deceased is missing, and withdrawing emotional energy and reinvesting in another relationship.

This study found that *accepting loss* is an important turning point, which would pull out the participants from **living in agony**. Acceptance of the death of a child involved finding a way to make meaning of it (Wheeler, 2001). As well as spoke of “meaning construction in response to loss as the core process of grieving” Klass et al. (1996). Sense-making refers to those thinking processes engaged in to understand the loss by incorporating it into a personal worldview, for example, by understanding the

cause of death (Bogensperger & Lueger-Schuster, 2014). In this study, a universally accepted belief is the death of the child attributed to fate and ending the suffering of the only child. Although some participants in this study did not mention what influenced their beliefs; they followed and attempted to choose the way which would let them feel better.

According to the research findings, an interesting issue to consider for discussion is a religious belief. In this study, participants made more use of the positive than the negative religious coping methods. It was consistent with a western study, which conducted by Pargament, Smith, Koenig, and Perez (1998). In this study, seven participants *turning to religion* after losing the only child and one participant turned to religion when the child was sick. Only one participant has religious belief since she was childhood. However, after losing the only child, her belief turned to be strong. The left four participants claimed that they do not have any religious beliefs. They may influence by Chinese atheism. However, their actions and thought still related to a certain religious belief but they did not realize that. It can say that religious beliefs play a vital role in the living process of Chinese women after losing the only child.

Different religions state the different cause of death. Participants used religious beliefs to help them to accept the loss. They understand the loss, meanwhile acquired great comfort in knowing that the only child has a better place to belong, such as heaven or nirvana. Additionally, the Bible and Buddhist scriptures contain a lot of acceptance, gratitude, and wisdom, as well as much positive transformational thinking. It can be beneficial in easing the pain of participants. Thus, *turning to religion* has a vital role in ***accepting loss***.

One western study claimed that theoretical understandings of bereavement, now

acknowledge parental need “not to let go” but rather to reconstruct relationships with their deceased child in terms of a continuing bond (Price & Jones, 2015). Mothers’ love for their children can pass time and death. Chinese women who lost the only child can continue to have a constant bond with their child (He, Tang, Zhu, & Wang, 2016). Klass and Walter (2001) suggested that continuing bonds can express in four ways: the sense of the presence of the dead, talking with the dead, taking the dead as moral guides, and talking about the dead. Shuchter and Zisook (1993) found that more than one-third of the bereaved persons talked to the deceased regularly.

Chinese culture involved many traditional rituals conducted during the grieving process that can facilitate accommodation to death (Chan et al., 2005), which highlighted the importance of the bereaved people’s maintaining a relationship to the deceased. One qualitative research found that mothers are more inclined to maintain a bond with the child (He, Tang, & Wang, 2017) and are more inclined to show more negative connections (such as photos, clothes, shoes, diaries, novel) (He et al., 2017). In this study, after the only child passed away, participants expressed strong continue bonds in many ways. Participants’ remaining lives both *resetting life goals* and *reconstructing a new life* was associated with *treasuring the deceased only child*. When the only child was alive, all mothers lived their lives centered with child and devoted themselves to the only child with all love, and this love continues after the loss. Although *keeping the deceased only child’s relic* may be a reminder can bring suffering to the participants in the first phase, while in the third phase, it was one way that participants used for *treasuring the deceased only child*. *Treasuring the deceased only child* provided reassurance and comfort, as well as decreased the loneliness and emptiness. This study found that the same action in different phase has

a different effect.

Performing the sacrifice ceremony has a unique Chinese cultural connotations. According to traditional Chinese customs, most participants perform strong sacrificial ceremony for the deceased only child on each sacrifice festival, such as every 7 days until 49 days after the child's death, one year and third year anniversary, every death day anniversary, and other sacrificial ceremony for deceased only child, such as Qingming Festival, Winter Solstice Festival, and some days before Chinese New Year. Also, participants who have lost their only child use many rituals to express their love and do what they can do for their beloved only child, for example, bathing, finding monks transcendence and chanting for the deceased only child. The bathing symbolized the washing away of the bad things of this life so that the only child could reincarnation. This actions also reflected that Chinese women tried best to do everything for the only child even after the only child died.

This study revealed that cultural beliefs and religious beliefs had influenced Chinese women who have lost the only child both negatively and positively. It cannot merely comment on the good and bad. However, there is no denying that religious beliefs play a decisive role in helping Chinese women cope with the loss of the only child.

Coping refers to processes, strategies, or styles of managing (reducing, mastering, tolerating) the situation in which bereavement places the individual (Goodkin et al., 2001). One theory Dual Process Model of Coping with Bereavement (DPM) is a model of coping with loss. It has two kinds of coping, namely loss-oriented and restoration-oriented (Stroebe & Schut, 2010). Loss-orientation was predictive of negative psychological adjustment, while restoration-orientation was

related to better adjustment (Meij et al., 2008). The findings of this study were related to this theory. When Chinese women who have lost the only child were **living in agony**, they were focusing on what they have lost and suffering. While participants moved to the second phase and the third phase, they were developing many strategies to **come to term** and **being alive in a new way**.

A western study reported that mothers reported significantly in emotion-focused coping (Christiansen, Olf, & Elklit, 2014). Results indicated that mothers who use emotion-based coping report significantly higher levels of grief, whereas mothers who use avoidance coping report lower levels of grief (Anderson, Marwit, Vandenberg, & Chibnall, 2005). This school is consistency with this study. *Avoiding thinking about loss* is an effective strategy to **come to term**. In this study, *avoiding adverse triggering situations* has a significant positive function. Moreover, *keeping busy* was useful for *avoiding thinking about loss*.

Furthermore, one study claimed that the channels for Chinese people to solve psychological problems are self-regulation, bosom friends, family members, colleagues, and social counseling institutions (Jing, 2002). It addressed the significance of self-role. *Self-consoling* is one strategy that Chinese women who have lost the only child common used. It mainly impacted by Chinese culture that “*considers others*,” “*not to bring troubles to others*.” Chinese women who have lost the only child did not want to put additional burdens on other family members, especially their aged parents or younger nephews and nieces. One study in Hong Kong demonstrated the participants most commonly shared with professionals, best friends, and siblings (Chow, Chan, & Ho, 2007). However, Chinese women in this study rarely shared with professionals. This phenomenon also implies a lack of

attention and effective professional in support for Chinese women who have lost the only child.

All most all participants talked to the deceased only child, especially when they visit the only child in front of the tomb or longing for the deceased only child. Influencing by Confucianism, rarely participants talked about the dead because death is not a common topic to discuss in Chinese culture and family. The Chinese value harmony in social relations. The sharer seems to lose face and is responsible for the destruction of harmony. On the other hand, the sharer seems embarrassed that she cannot restore harmony. Therefore, at a certain degree, this belief reduces the function of getting support from communicating with others for Chinese women who have lost the only child. Surprisingly, using humor was a formal way of coping in Western (Wang, Tao, & Li, 2017), it not stated in the living process of Chinese women who have lost the only child at all.

Forcing self to think in positive ways is a powerful strategy underneath **self-controlling**. *Making downward comparison* is commonly used, too. This is consistence with some study like considering that the situation of others may be worse than one's own (Janoff-Bulman & McPherson Frantz, 1997) may allow bereaved parents to re-evaluate their experience and find some positive, or perhaps more accurately less negative, aspects of their bereavement (Harper et al., 2014).

The literature consistently suggests that support serves as an element in helping bereaved parents overcome the difficulties of adjustment and cope with the loss of the child (Cacciatore, 2010). There is a high negative correlation between social support and mental health (Guo et al., 2018; Hang, 2013). In this study, receiving support is throughout all phases of the living process of Chinese women after losing the only

child. It takes a key role to pull out the participants from agony and come to term. It is a significant motivation for Chinese women to move forward. It is conducive to easing the grief of parents in *shidu*ers, promoting their reintegration into society (Chen, 2015). One study showed that the feeling of pain of Chinese people was better than those of Americans after 18 months (Bonanno et al., 2005), this may be due to the positive effect of support on Chinese women after losing the only child.

Lower perceived support within the family or social network predicts greater distress, perhaps especially for griever whose practical and instrumental needs are unmet (Neimeyer, 2019). One research result stated that the actions of professionals at the time of a child's death have a strong influence on parental bereavement (Price & Jones, 2015). Collaborative relationships built on a foundation of trust create an environment that supports nurses' ability to enact advocacy (MacDonald, 2007). Supportive environments not only help people to cope better but also increase their ability to relate to other people. Excellent social support can reduce the level of psychological depression, relieve sadness, reduce isolation, and help parents in *Shidu* families better get rid of psychological difficulties and developmental health (Fan et al., 2018; Hang, 2013). As getting older, the time of loss of the only child is getting longer. Time has played a specific role as a cure for pain (Zhang & Jia, 2018a). However, with the increase of age, the language expression ability, physiological function decline, life mobility inconvenience, leading to their participation in social activities is less likely, so the support also declined. In this study, one participant with less support was still mainly **living in agony** phase. It implies the important role of support.

Peers can provide significant support based on mutual understanding. The sense

of kinship and warmth found in the peer group is invaluable. Only the person experiencing could understand; they could empathize. The supportive role of peers appears critical and may have an additional important function as professional help (Zheng & Lawson, 2015). Sometimes, their role-model function plays a direct and effective way is more than professional psychological help. When participants stayed with peers, they had a sense of belonging. Huddling together for warmth can be viewed as their way of responding to social stigmatization and reconstructing a new form of social life (Zheng & Lawson, 2015). The establishment of public welfare organizations such as Love bird in Kunming can be a platform to assistance Chinese women after losing the only child.

The family pension has always been the most important way of providing for the aged in China. However, for Chinese women who have lost the only child, after losing the “most important” way of providing for the aged, they can only rely on the government and society (Zhang, 2017). Chinese women who have lost the only child are encountering or will encounter tremendous stress in elderly care. Raising children for old age is a common thought of Chinese. Children provide care for elderly care is the major type of elderly care in China. The children have legal responsibilities and obligations to provide elderly care for their parents. Following the national law and Confucianism, Children have an obligation to support the elderly, and it is one kind of fulfill the filial duty.

The Law on Protection of the Rights and Interests of the Elderly of 2018 indicates that family support elderly care is the fundamental way of caring, and adult children, as main caregivers, have the responsibility to provide care for the parents in daily care, financial support, and mental comfort (The National People’s Congress of

the People's Republic of China, 2018). For Chinese women who have lost the only child, this dominant way of getting elderly care could not work (Li & He, 2013). So, it needs to shift to other ways. In this study, Chinese women who have lost the only child expressed diversified and multi-level elderly care needs. The *Shidu* mutual support care center and getting care for the elderly through Internet + community-based home care are considerable. Each kind should consider providing emotional and psychological comfort for Chinese women who have lost the only child.

Moreover, spending elderly time while traveling provided new insight. However, it is suited to someone who has better economic conditions and is in good health. Getting care for the elderly via institutions was the last type to choose. On the one hand, women who have lost the only child lives have experienced the pain of losing their children; they intend to avoid stimulating by adjusting the living environment. On the other hand, the institutions generally require the signature from a guardian, which has become an insurmountable threshold for Chinese women who have lost the only child (Xiao, Sun, Wang, & Tang, 2016).

The more active coping styles people adopt in their lives, the better their psychological health (Guo et al., 2018). Due to Chinese women who have lost the only child have lost support; they widely used a strategy "seeking support." Chinese women in this study put effort on seeking support to rely on. This study found that the government, organizations, other individuals such as husband, family members, health care provider, and young colleagues were also the dependence of these women. The type of support involved information support, financial support, daily life support, housing, and spiritual support. The level of education did not restrict the participants' effect and intention in terms of seeking support. Even though some of the

Chinese women in this study were a primary school level, they still tried to seek more knowledge or information regarding building their physical health. Participants with high education level can get more benefits. Some Chinese women may ask for help directly, but some may not. The same woman may ask for help in some situations but not in other situations. Not directly asking for help does not mean that Chinese women do not need help. The reason for not asking for help is partly because of being afraid of being laughed and not bringing troubles to other people, partial because of lack of support resources. Chinese women who have lost the only child urgently need support from professionals to support them deal with the loss of the only child.

This study found that *building health* could reduce participants' fear and bring a sense of security and controllable feeling. The improvement of physical health has positive implications for psychological help (Fan et al., 2018). Participants in this study believed that *building health* is taking good care of self, which is the basis for fulfilling filial piety. During building physical health process, participants developing their strategies, such as preventing disease through building a healthy lifestyle and prevent risk; seeking treatment actively, and monitoring health status. Moreover, during building social health process, participants enhancing communicating with others, which benefit them integrate into society. While when participants moved to the third phase, they become a helper. One study addressed engaging in public welfare activities and fulfilling the wishes of children before their death can help those who have lost their only child recover from the pain (Pan, Hu, & Hao, 2018). This study supports that finding. Some participants acquired the most joy from doing public welfare or charity.

Work-related factors may also crucially to have effects on *keeping busy* and

increase monthly incomes. Those participants who had a job after losing the only child mentioned that they get many benefits from work. During working, they had no time to think about the loss, which extremely decreases grief. Work brought a sense of worth and made them feel fullest in the heart. Furthermore, work provided an opportunity to get support from colleagues. This study found that those with higher personal monthly incomes have fewer restrictions and life difficulties; on the contrary, those with lower monthly incomes have more restrictions and difficulties. Due to financial issue, some participants have to endure the pain and could not get timely health care, which significantly reduces their quality of life.

The relationship between women and their husband has a duple nature. Marital status is the influencing factor of Chinese women's subjective support, objective support, and utilization of support (Zhu et al., 2018). This study found that participant with good marital status could acquire respect, understanding, and support by their husband, which benefit for the participants' lives after losing the only child. However, during the lives after losing the only child, some participants who have a husband had experienced some poor relationship with the husband. Therefore, they need to put more effort to promote love with the husband.

Along with Neimeyer, Prigerson, and Davies (2002) shown that in the case of traumatic loss, sense-making highly correlated with posttraumatic growth (Lichtenthal, Neimeyer, Currier, Roberts, & Jordan, 2013). Traumatic experiences can increase individuals' self-protective function and enhance their courage to face the future, thereby providing a positive experience (Glad, Jensen, Holt, & Ormhaug, 2013). Similar to the concept of meaning reconstruction, the "Model of Growth in the Context of Grief" (Calhoun, Tedeschi, Cann, & Hanks, 2010) states that

inconsistency of the loss with pre-loss worldviews triggers intense cognitive work to reconstruct a new worldview incorporating the loss in a meaningful way (Calhoun et al., 2010; Cann et al., 2010). Reconstruction means adaptation is possible through the integration of the loss and its consequences into the autobiographic memory and the worldview (Bogensperger & Lueger-Schuster, 2014).

In this study, participants engaged various strategies to reconstruct a new life, for instance, *acquiring new knowledge and skills*, based on the perspective of Lazarus and Folkman (1984) seeking information is one kind of higher-level coping skills. Moreover, they developed strategies in *building health, managing financial and housing issues*, that there will be a more favorable or positive adjustment. So then the participants grow up. Participants have a more peaceful mind and become advanced in mindset and abilities. Description of actions to giving love or helping others or the desire to help others is considered doing good deeds; it also one way to express their gratitude to another person whom they beloved and who had supported them as well as the society. Participants from a recipient to a helper, this is growth, too. Chinese women who have lost the only child transform their little love into love for all; it is a positive shift that can help them to find more meaning and value in their lives.

Chinese women who have lost the only child experienced positive feelings. They heightened appreciation of life and the moment. Additionally, different individuals may experience distinct patterns. Not everyone experiences *achieving a peaceful life* in the same way. Thus, nurses should better understand each in order to provide individuation nursing care. When Chinese women moved to the final phase, they intended to share their own experience and thought with their peers. The Internet has become a significant social laboratory for experimenting with the constructions and

reconstructions of self (Turkle, 1995) could be used by nurses to facilitated caring. This study found that WeChat, QQ program plays a key role in daily life. People are more relaxed, uninhibited, and willing to express themselves in the online world (Liao et al., 2018). Participants also got support from this kind.

Chinese women who have lost the only child thought they had contributed to the country because they sacrificed themselves to follow the country's call to give only one birth. Therefore, they tried to seek support from the government in terms of economic aid, especially the support of elderly care. There is a contradictory relationship with the country because of blame and supports coexist. After **living in agony** phase, the blame reduced, while a desire for reliance on the country and need support from the country increase. They felt warm when the country concerns them. Most *shidu*ers feel that support from the government is insufficient. It is essential to pay attention to this group and strengthen their contact with others to help them develop new interests (Zhang et al., 2016).

When the adverse triggering events persist, Chinese women who have lost the only child will return to the previous phases and then repeat the process. Those who have not experienced the loss of the only child are hard to understand them may bring negative impact on them unintentionally. No emotions can replace the affection between mother and child. It may never actually be possible to “let go” of the deceased only child. The living process of Chinese women who have lost the only child enhances the understanding of them. However, in order to live a new normal life after losing the only child, it needs considerable efforts from Chinese women themselves, health care providers, and the whole society.

Implications for Nursing Science

In order to formulate the appropriate program for supporting Chinese women who have lost the only child dealing with the loss of the only child and improving their quality of life, nurses should begin by understanding their living process after losing the only child. According to literature, no nursing theory or knowledge related to the living process of Chinese women after losing the only child from the perspectives of Chinese women. Without understanding the living process, nurses would not effectively implement nursing interventions for Chinese women who have lost the only child. This study, which had generated a substantive theory, can provide several powerful implications related to knowledge development, nursing education, nursing practice, health policy, and recommendations for future research, which elaborate as follows.

Knowledge development

The findings of this study provide an overall knowledge of the living process of Chinese women who have lost the only child, which filled the gap of knowledge and broadens the knowledge of nursing science.

The research findings discovered the model of the living process of Chinese women after losing the only child in the Chinese context, namely **struggling to live a new normal life**, which emerged from the Chinese women's experiences and perspectives. It revealed the living process, including relationships among each phase in terms of **living in agony**, **coming to term**, and **being alive in a new way**. Moreover, the findings emerged from empirical evidence also provided a holistic description of the phenomenon under the study and provided additional insight for

nurses and other health professionals, for example, the adverse triggering situations and effective support as well as the needs, difficulties, and fears.

The research findings also discovered various strategies that Chinese women developed and performed in their lives after losing the only child involved *accepting loss, self-controlling, treasuring the deceased only child*, as well as *reconstructing a new life*. Nurses could use this substantive knowledge that was generated from the study to develop as “*Tips*” and guide other Chinese women who have lost the only child to use in their lives.

Chinese culture belief and religious belief take key roles in the living process of Chinese women after losing the only child. The new understanding of these beliefs enables nurses to have a more comprehensive and thorough understanding of the living process. Moreover, the findings provided directions to nurses that could develop a possible nursing plan to help Chinese women who have lost the only child to deal with the loss effectively and improve their quality of life in the future.

Implications for nursing education

Based on the understanding of the living process of Chinese women after losing the only child, this study found that, nowadays, the nursing education related to this group has defectiveness in professional knowledge. Therefore, there urgently need reform of the nursing curriculum.

Nursing education need to integrate professional knowledge (e.g., psychological nursing, health education, bereavement nursing) and knowledge related to culture and religion for nursing staff, nursing students, and caregivers through professional education, vocational education, and on-the-job training.

For women who have lost the only child, they may more vulnerable and

sensitive than other patients. Any word may hurt them. The professional and appropriate communication would reduce harm and significantly help these people. Therefore, nursing education should strengthen the education of students' communication knowledge and skills.

To sum up, nursing education should devote to improving the professional knowledge and comprehensive competence of nursing professionals to provide personalized, high-efficient, and high-quality nursing services for people who have lost the only child.

Implications for nursing practice

Due to Chinese women who have lost the only child have various diseases; every nurse has the chance to provide nursing care to them. With understanding the living process of Chinese women after losing the only child, the nurses can plan a program in nursing practice for Chinese women who have lost the only child in the future. The findings of this study provide several directions for nursing practice as follows.

First, the findings of this study demonstrated that Chinese women who have lost the only child require support from nurses who should understand them to provide care for them based on individual diversity and beliefs differences. Therefore, nurses need to pay more attention and effect to Chinese women who have lost the only child. This study reflects the necessity of incorporating cultural sensitivity in nursing care. Nurses need to take patients' cultural backgrounds, understand the rational use of religious ideas to help Chinese women deal with the loss of the only child. Nurses should know about how Chinese women after losing the only child perceive the loss and themselves and then assist them in *accepting loss* and making sense of loss. For

example, “destiny or fate” and “death is ending the suffering of the only child” were effective ways to understand the cause of death. Encourage and guide Chinese women who have lost the only child using strategy *treasuring the deceased only child* through continuing bonds with the deceased only child is also useful.

Second, nurses should strengthen psychological care, especially for those who were in the first phase, with severe psychological disorders, and showed suicidal thoughts. According to the psychological characteristics, provide scientific, professional, normative, and effective psychological intervention and psychological counseling. Psychological care as long-term work, nurses need to teach Chinese women who have lost the only child how to *self-controlling*. Moreover, nurses can provide follow-up service and strengthen the connection through telephone counseling and home visiting. Meanwhile, encourage them to seek support and psychological counseling actively.

Third, the findings of this study indicate that receiving support plays a vital role in the life of Chinese women after losing the only child. Therefore, nurses should encourage and instruct the social network around Chinese women who have lost the only child participate in helping the Chinese women who have lost the only child. The function of role-model of peers is crucial in the living process of Chinese women who have lost the only child. Nurses can invite those who better achieved a peaceful life to join and pass positive energy of role-model to support Chinese women after losing the only child. Nurses can implement in a group format to promote Chinese women to learn from their peers’ experiences. At the same time, it can also solve work and financial problems for some women who have lost the only child; this is also a kind of support for those Chinese women.

Fourth, during nursing practice, nurses should avoid evoking adverse triggering situations to trigger Chinese women who have lost the only child. Participants expressed that health personnel's words have a significant influence on them. When communicating with Chinese women who have lost the only child, nurses need to be particularly thoughtful.

Fifth, nurses should provide a platform of various activities in reading, calligraphy, badminton, Tai Qi, dance, chess to facilitate them connect with other people and integrate to society. Moreover, during the nursing practice process, nurses should make full use of communication tools by integrating various resources such as smartphone, computer, poster, a booklet to provide health education conveniently and timely. The knowledge refers to providing medical knowledge, helping Chinese women who have lost the only child to build a healthy lifestyle in order to build health, highlighting the importance of monitoring and teaching them how to do.

Last, community assistance is a direct and effective way to solve the plight of women who have lost their only child. A relaxed, pleasant, and caring social environment is conducive to a sense of belonging and security for Chinese women who have lost the only child to promote living in society. Community nurses should make full use of the convenience and rapidity of the community; provide personalized nursing services according to their different circumstances.

Implications for health policy

Base on the needs of the participants in this study, the findings of this study can be used as a reference for health policy. The government could consider setting up institutions to focus on people who have lost the only child; setting up care center for Chinese women who have lost the only child in the form of combining medical and

nursing care; establishing centers to provide psychological care by providing a psychological counseling in the hospitals and the community; cutting off medical fee or increasing the proportion of medical insurance reimbursement; setting up VIP channel for people who have lost the only child; canceling signatures or assigning someone to sign for them when needed. At the same time, it should strengthen propaganda and appeal to more people in society to understand, concern, and provide support to people who have lost the only child.

Recommendations for future research

The findings of this study proposed some research recommendations for future research. Theoretical testing with a large population was needed. The developed theory can be used as an explanatory model for an intervention study. A practical intervention study to should be explored in the future. These suggestions will be useful for researchers who are interested in doing further research related to the phenomenon in terms of losing the only child.

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APPENDIXES

จุฬาลงกรณ์มหาวิทยาลัย
CHULALONGKORN UNIVERSITY

Appendix A: Approval of Dissertation Proposal



ประกาศ

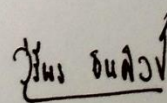
คณะพยาบาลศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย
เรื่อง การอนุมัติหัวข้อวิทยานิพนธ์ ครั้งที่ 11/2558 ประจำปีการศึกษา 2558

นิสิตผู้ทำวิจัยและอาจารย์ที่ปรึกษาวิทยานิพนธ์

รหัสนิสิต	5677406936
ชื่อ-นามสกุล	นางไอลยาน หวาง
สาขาวิชา	พยาบาลศาสตร์ (นานาชาติ)
ประธานกรรมการ	รองศาสตราจารย์ ร.ต.อ.หญิง ดร. ยุพิน อังสุโรจน์
อาจารย์ที่ปรึกษาหลัก	รองศาสตราจารย์ ดร. วราภรณ์ ชัยวัฒน์
อาจารย์ที่ปรึกษาร่วม	รองศาสตราจารย์ ดร. จินตนา ยูนิพันธุ์
กรรมการ	รองศาสตราจารย์ ดร. รัตน์ศิริ ทาโต
กรรมการภายนอก	รองศาสตราจารย์ ดร. ปัญญรัตน์ ลาภวงศ์วัฒนา
กรรมการภายนอก	ผู้ช่วยศาสตราจารย์ ดร. อัจฉริยา ปทุมวัน
ชื่อหัวข้อวิทยานิพนธ์	กระบวนการดำรงชีวิตของผู้หญิงจีนภายหลังสูญเสียบุตรคนเดียว LIVING PROCESS OF CHINESE WOMEN AFTER LOSING THE ONLY-CHILD
ครั้งที่อนุมัติ	11/2558
ระดับ	ปริญญาเอก

จากมติคณะกรรมการบริหารคณะพยาบาลศาสตร์ ครั้งที่ 10/2559 วันที่ 26 กรกฎาคม 2559

ประกาศ ณ วันที่ 29 กรกฎาคม พ.ศ. 2559



(รองศาสตราจารย์ ดร. สุรพร ธนศิลป์)

คณบดีคณะพยาบาลศาสตร์

Appendix B: Certificate of IRB Approval

AF 02-12



The Research Ethics Review Committee for Research Involving Human Research Participants, Health Sciences Group, Chulalongkorn University
 Jamjuree 1 Building, 2nd Floor, Phayathai Rd., Putumwan district, Bangkok 10330, Thailand,
 Tel/Fax: 0-2218-3202 E-mail: gecu@chula.ac.th

COA No. 208/2016

Certificate of Approval

Study Title No 181.1/59 : LIVING PROCESS OF CHINESE WOMEN AFTER LOSING THE ONLY-CHILD

Principal Investigator : MRS. HAIYAN WANG

Place of Proposed Study/Institution : Faculty of Nursing,
Chulalongkorn University

The Research Ethics Review Committee for Research Involving Human Research Participants, Health Sciences Group, Chulalongkorn University, Thailand, has approved constituted in accordance with the International Conference on Harmonization – Good Clinical Practice (ICH-GCP).

Signature: Prida Yasanapradit Signature: Nuntaree Chakhanawongsamj
 (Associate Professor Prida Yasanapradit, M.D.) (Assistant Professor Nuntaree Chakhanawongsamj, Ph.D.)
 Chairman Secretary

Date of Approval : 23 November 2016 **Approval Expire date** : 22 November 2017

The approval documents including

- 1) Research proposal
- 2) Patient-Participant Information Sheet and Informed Consent Form
- 3) Researcher  Protocol No. 181.1/59
Date of Approval: 23 NOV 2016
- 4) Questionnaire Approval Expire Date: 22 NOV 2017

The approved investigators must comply with the following conditions:

1. The research project activities must end on the approval expired date of the Research Ethics Review Committee for Research Involving Human Research Participants, Health Sciences Group, Chulalongkorn University (RECCU). In case the research project is unable to complete within that date, the project extension can be applied one month prior to the RECCU approval expired date.
2. Strictly conduct the research project activities as written in the proposal.
3. Using only the documents that bearing the RECCU's seal of approval with the subjects/volunteers (including subject information sheet, consent form, invitation letter for project research participation (if available)).
4. Report to the RECCU for any serious adverse events within 5 working days.
5. Report to the RECCU for any change of the research project activities prior to conduct the activities.
6. Final report (AF 03-12) and abstract is required for a one year (or less) research project and report within 30 days after the completion of the research project. For thesis, abstract is required and report within 30 days after the completion of the research project.
7. Annual progress report is needed for a two-year (or more) research project and submit the progress report before the expire date of certificate. After the completion of the research project processes as No. 6.

Appendix C: Participant Information Sheet

Title of research project Living Process of Chinese Women after Losing the
Only child

Principle researcher's name Haiyan WANG

Position A doctoral student, Faculty of Nursing, Chulalongkorn University

Office address ***** Kunming, Yunnan, People's Republic of China

Home address *****Kunming, Yunnan, People's Republic of China

Telephone (office) +86-871-67***

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E-mail wanghaiyan@kmmu.edu.cn

You are being invited to participate in a research project. Before you decide to participate, it is essential for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and do not hesitate to ask if anything is unclear and when you would like to know more information.

This research project involved discovering the living process of Chinese women after losing the only child using an in-depth interview. For the benefit of the project, which is living process from the perspective of Chinese women after losing the only child, could be used as a substantive theory to guide nurses, nursing educators and researchers contribute in nursing practice.

The participants will be selected based on the inclusion criteria are as follows:

Chinese nationality, can communicate with Chinese Mandarin, aged 49 years up, losing the only child more than 2 years, biological mother and had raised up the deceased only child who aged 15 to 30 years old, have only given birth to one child, do not have a child including adoption child, do not have a son-in-law or a daughter-in-law, do not have a grandson or granddaughter, having full of consciousness, be able to complete the interview, agree to participate in the study and not reject video record. If the participant is illiterate, the researcher will orally inform you.

The researcher is the only interviewer in this in-depth interview. The interview will continue for about one hour each time. The researcher may come back for a further interview if some points need to be explored more. During the interview, the researcher will ask some questions that regarding the personal information such as age, marital status, educational background, working status, religious belief, the primary source of personal income, the age of the only child at death, the gender of the only child, and the time length since losing the only child, the cause of death of your only child. The researcher will start the interview with an open question, “would you please about a typical day after losing your child”. Additionally, some questions like what did you think, what did you do will be asked. The researcher will take video recording and take field notes that will be used for data analysis. The recording will not show to other people without your permission.

There is no physical risk in participating in this research. In case, during recall, you may feel uncomfortable or even weep if you could not continue, we can stop. The researcher will sincerely accompany with you. We could get support from professionals to help.

Information related directly to you will be kept confidential. The fictional names and code number will also be created for you or your families to protect your privacy. All files will be kept only either in a locked cabinet or laptop with a password. Any information that was obtained in this study will remain confidential and will be disclosed only with your permission. The findings emerged from this study will be reported as a total picture. Any information which could be able to identify you and your families will not appear in the report. After the end of the research your personal data, including video recording, will be deleted.

There is no cost for you. The monetary compensation of ¥100 (\$14.52) will give to you as a token of gratitude for participating in this research. If you have any question or would like to obtain more information, the researcher can be reached at all time. You can call the researcher by number +86-13888*****.

If you want to participate in this study, you and the researcher will make an appointment for the interview, set the date, time, and place for the consideration of your safety, convenience, comfort, and confidentiality. Your participation in this study is voluntary. You have the right to ask questions, deny and/or withdraw from the study at any time, no need to give any reason upon that withdrawal.

If the researcher does not perform upon the participants as indicated in the information, the participants can report the incident to the Research Ethics Review Committee for Research Involving Human Research Participants, Health Sciences Group, Chulalongkorn University (RECCU). Jamjuree 1 Bldg., 2nd Fl., 254 Phyathai Rd., Patumwan district, Bangkok 10330, Thailand, Tel./Fax. 0-2218-3202 E-mail: eccu@chula.ac.th.

Appendix D: Participant Information Sheet (Chinese Version)**附录 D 信息表**

项目名称: 中国失独女性生活历程研究

研究员: 王海彦 **身份:** 朱拉隆功大学护理学院在读博士研究生

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您被邀请参与一项科研项目。在您决定参与之前，了解为什么要进行该研究和怎样进行至关重要。请您花时间仔细阅读以下信息，如果您有任何不清楚的地方或者您想了解更多信息，您可以随时询问。

该研究将通过深入访谈以发现中国失独女性的生活历程。从中国失独女性的视角获得的研究结果对于护士、护理教育者和从事护理科研的人员在护理实践中具有理论性指导作用。

参与者入选标准包含中国籍、能用汉语普通话进行交流、年龄在 49 岁以上、失去独生子女至少 2 年以上、是 15 至 30 岁独生子女的亲生母亲和养育母亲、只生过一个孩子、没有孩子包括领养的孩子、没有姑爷或儿媳妇、没有（外）孙子/女、意识健全、可以完成访谈、同意参与该项研究并同意录像。如果参与

者是文盲，研究员将口头介绍有关该研究的信息。

研究员是本研究唯一的访谈者。每次访谈约 1 小时。如果研究员需要更多地了解某些信息，您可能被再次采访。访谈时，研究员问的问题将涉及您的个人信息包括年龄、婚姻状况、教育背景、工作状态、宗教信仰、主要的个人收入来源；同时还会涉及一些孩子的信息，如去世年龄、性别、去世至今多长时间、去世的原因。研究员将通过开放性问题“请您谈谈孩子去世后典型（有代表性）的一天”开始访谈。此外，也会问及其他问题如您的想法、您是怎么做的等。因资料分析的需求，访谈时需录像，需要时会做现场记录。未经您的许可，录制内容不会向其他人展示。参与这项研究没有身体风险。回忆时可能会觉得不舒服甚至哭泣，如果您无法继续，可以暂停或停止访谈。研究员将真诚的陪伴您，并且可以得到专业人士的帮助。

您的任何个人信息将会保密。将用假名和编号来保护您和家人的隐私。所有文件将保留在安全有锁的柜子里或储存在有密码的计算机里。如要用到这项研究中获得的任何信息，都将征得您的同意并将遵循保密原则。研究结果将总体进行报告。任何有可能识别出您和家人的信息都不会出现在报告中。研究结束后，您的个人资料包括录像将被删除。您无需支付任何费用。参加本次研究将给予您 100 元的货币补偿以表示谢意。如果您有任何问题或者您需要了解更多的信息，您可以随时打电话给研究员，手机号码是+86-13888*****。

如果您想参与这项研究，研究员将和您预约访谈日期、时间、地点，这些都将考虑到您的安全、方便、舒适和保密。参与这项研究是自愿的，在任何时

候您都可以自由提问、拒绝回答问题或退出研究而不需要任何理由。如果研究员没有遵照上述信息执行，您可以向朱拉隆功大学的伦理审查委员会报告。联系方式是泰国曼谷 Patumwan 街，Phyathai 路 254 号，Jamjuree 1 楼 2 层，邮编 10330。电话/传真：+66-22183202。电子邮件：eccu@chula.ac.th。



Appendix E: Informed Consent Form

Address

Date.....

Code number of the participant.....

I who have signed here below agree to participate in this research project

Title “Living process of Chinese Women after losing the only child”

Principle researcher’s name Haiyan WANG

Contact address ***** Kunming, Yunnan, People’s Republic of China

Telephone +86-13888*****

I have read and been informed about the rationale and objective of the research project, what I will be engaged in details, risk/harm, and benefit of this research project. The researcher has explained to me and I clearly understand with satisfaction.

I willingly agree to participate in this project and consent the researcher to respond to an in-depth interview. During the interview, the researcher will take video recording and write field notes. The researcher would let me complete a demographic data form refer to me and my child’s information, talk about my activities and my thought and so on that related to my living. This interview will take approximately one hour. If necessary, the researcher would interview me more than once.

I have the right to ask any questions as well as reject to answer any questions that I do not want to answer. I can withdraw from this research project at any time as I

wish with no need to give any reason. This withdrawal will not have any negative impact on me.

The researcher has guaranteed that procedures acted upon me would be the same as indicated in the information. Any of my personal information will be kept confidential. They will be stored in a secure place with confidentiality and will not be shared without my permission. The fictional names and code number will also be created for me or my families to protect our privacy. The findings of this study will be reported as a total picture. Any personal information which could be able to identify me will not appear in the report. The researcher is the only person who knew my actual identity. After the end of the research project personal data, including the video recording file will be deleted.

If I am not treated as indicated in the information sheet, I can report to the Research Ethics Review Committee for Research Involving Human Research Participants, Health Sciences Group, Chulalongkorn University (RECCU), Jamjuree 1 Bldg., 2nd Fl., 254 Phyathai Rd., Patumwan district, Bangkok 10330, Thailand, Tel./Fax. 0-2218-3202 E-mail: eccu@chula.ac.th.

I also have received a copy of the information sheet and informed consent form.

Researcher's signatureDate.....Year.....Month.....Day

Participant's signatureDate.....Year.....Month.....Day

Witness's signatureDate.....Year.....Month.....Day

Appendix F: Informed Consent Form (Chinese Version)**附录 F 知情同意书**

地点.....

日期.....

访谈对象编号:

我在下面的签名表明我同意参与这项研究。

项目名称: 中国失独女性生活历程研究

研究员联系地址: 云南省昆明市*****

联系电话: +86-13888*****

我已阅读并了解该项目的基本原理和客观目标包括一些细节、风险/伤害和益处。研究员已经向我解释，我清楚地理解且满意。

我自愿参与这个项目，同意研究员进行深入访谈。访谈期间，研究员将会录像并进行记录。

研究员会让我完成一个关于我和我孩子的基本信息表、讲述我的生活包括我的活动和思想等。

每次访谈大约持续 1 个小时。如有必要，我将再次被访谈。

我有权提问或者拒绝回答问题。我可以在任何时候，不需要给出任何理由而退出这个研究项目，并且对我没有任何负面的影响。

研究员保证遵照执行所提到的相关信息。我的任何个人资料将会保密。所有文件将秘密地存储在一个安全的地方，未经我的允许不会分享。假名和编号用来保护我和家人的隐私。研究结果将总体进行报告。若发表相关论文将不会包含任何能够识别我和家人的信息。研究人员是唯一了解我实际身份的人。

项目结束后，我的个人资料包括录像将被删除。

如果没有按照所说的被对待，我可以向朱拉隆功大学的伦理审查委员会报告。联系方式是泰国曼谷 Patumwan 街，Phyathai 路 254 号，Jamjuree 1 楼 2 层，邮编 10330。电话/传真：+66-22183202。电子邮件：eccu@chula.ac.th。

我有一份信息表和知情同意书的复印件。



研究员签名： 日期：年.....月.....日

参与者签名： 日期：年.....月.....日

见证人签名： 日期：年.....月.....日

Appendix G: Demographic Data Form

Code No. Data:YearMonthDay

Data collection time: Began time: Over time:

A. Demographic Characteristics of participants

1. Age:

2. Marital status (What is your marital status?)

- ① Married ② Widow (husband passed away)
- ③ Divorce ④ Other (please specify)

3. Educational background (What is your highest education level?)

- ① Illiteracy ② Primary school ③ Junior high school
- ④ Senior high school ⑤ Junior college degree ⑥ Bachelor degree
- ⑦ Graduate degree ⑧ Others (please specify)

4. Working status (What is your work?)

.....

5. Religious belief (What is your religious belief?)

.....

6. The primary source of personal income (What is your primary source of income?) How much about it per month?

.....

.....

.....

B. Demographic Characteristics of the only child

1. The age of your only child at death:
2. Gender:
3. The time length since losing your only child: Month
4. The education or working status:

.....

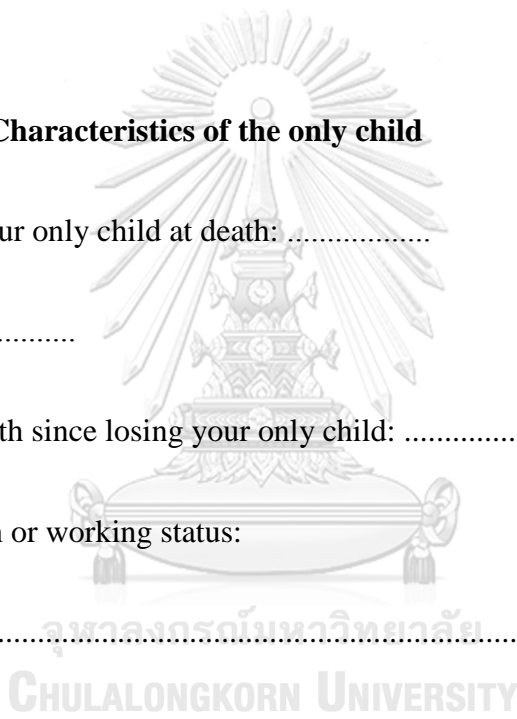
.....

5. The cause of death of your only child

.....

.....

.....



Appendix H: Demographic Data Form (Chinese Version)

附录 H 人口学资料调查表

编号： 日期：年.....月.....日

数据收集时间： 开始时间： 结束时间：

一. 受访者人口学特征

1. 年龄：

2. 婚姻状况（您的婚姻状况是什么？）

- ①已婚 ②寡妇（丈夫已去世）
③离异 ④其他 (请详细说明):

3. 教育背景（您的最高学历是什么？）

- ①文盲 ②小学 ③初中 ④高中
⑤大专 ⑥本科 ⑦研究生 ⑧其他 (请详细说明):

4. 工作状态（您现在是否仍然工作？从事什么工作？如果您已退休，退休之前您从事什么工作？）

.....

5. 宗教信仰（您的宗教信仰是什么？）

.....

6. 主要个人经济来源（您的主要经济来源是什么？）大概月收入是多少？

.....

二. 独生子女的人口学特征

1. 您的孩子去世时的年龄：.....

2. 性别：.....

3. 您的孩子去世至今有多长时间：.....个月

4. 您的孩子教育或工作情况：.....

.....



.....

5. 您的孩子去世的原因：

.....

.....

.....

Appendix I: Interview Guide

1. Opening phase

The researcher will introduce the objective of the study again, and telling the research participants about the length of interview.

2. Interview phase (*Interviewing guideline will be used depending on the interview situation and the interviewee*)

Initial question

“Would you please tell me a typical day after losing your child?”

Probing questions

“Would you please tell me more about that?”

“What did you think at that time?”

“Why did you think like that?”

“What did you do?”

“What was going on after that?”

“What difficulties or problems did you encounter (mostly)?”

“Who or anything affects your feeling/action?”

“What resources or supports would help you to manage that?”

“What strategies did you use to cope with that?”

3. Closing phase

“Is there anything else that you would like me to know that we haven't touched on?”

Appendix J: Interview Guide (Chinese Version)

附录 J 访谈提纲

1. 开始阶段

研究员再次将向被访谈者介绍研究目的，并告知访谈的大概时间长度。

2. 访谈阶段 *(访谈提纲的使用将视访谈情况和被访谈者而定)*

起始问题

“请您和我谈谈孩子去世后比较典型或者有代表性的一天好吗？”

探索问题

“关于...请您再多告诉我一些好吗?”

“当时，您都想了些什么呢?”

“您为什么有这样的想法?”

“您做了些什么?”

“在那之后，都发生了什么?”

“您遇到的（最）困难或问题有哪些?”

“什么人或事儿会影响到您的感受/行动?”

“解决这些困难或问题的资源或支持有哪些”

“您用来处理...时，运用了哪些策略”

3. 结束阶段

“您还有什么想和我说的吗？”

Appendix K Field Notes Form (continued)

Time	Behavior/Event	Remark

Appendix L: Field Notes Form (Chinese Version)

附录 L 现场记录表

编号: 日期:年.....月.....日

访谈地点:

数据收集时间: 开始时间: 结束时间:

记录要点:

.....

.....

.....

.....

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.....

.....



附录 L 现场记录表 (续)

时间	行为/事件	要点

Appendix M: Examples of Interview Transcript with Codes

Example 1

<p>Researcher Understand?</p>			
<p>Participant Yes, I can accept the fact of death. I don't think too much every day, and I do not sad. I don't think about many things because I would feel sad when I think about them. However, I am sad during some festivals. It's the winter solstice again soon. <i>(There are tears in the participant's eyes. She stopped about 5 seconds).</i> However, I can tell myself not to think about it. In case I break down, who will take care of me? After all, my relatives and friends have their own family. Now, the only thing what I want is to have a family doctor in the community, when we have a health problem, we can make a telephone consultation. I want to tell you a joke.</p>	<ul style="list-style-type: none"> 7:19:47 Understanding 7:19:57 Avoiding feeling sad via avoid... 7:20:00 Avoiding thinking 7:20:03 Not thinking too much 7:20:06 ? Being afraid of the winter sol... 7:20:09 Knowing the winter solstice to... 	<ul style="list-style-type: none"> 7:19:47 Accepting the reality of loss ch... 7:19:50 Feeling sad during festivals 	<ul style="list-style-type: none"> 7:19:47 Not feeling sad 7:19:50 Not thinking too much every d...
<p>Researcher Yes, please.</p>	<ul style="list-style-type: none"> 7:20:12 Self telling should not think a... 7:20:15 Thinking about who can provi... 7:20:18 Worrying about who can provi... 7:20:21 Hoping to have family doctor i... 7:20:24 Hoping to have telephone con... 7:20:27 Worrying about having health... 7:20:30 Wanting to tell a joke 	<ul style="list-style-type: none"> 7:20:12 Knowing friends have complet... 7:20:15 Knowing relatives have their fa... 	

Example 2

<p>Researcher Understand?</p>			
<p>Participant Yes, I can accept the fact of death. I don't think too much every day, and I do not sad. I don't think about many things because I would feel sad when I think about them. However, I am sad during some festivals. It's the winter solstice again soon. <i>(There are tears in the participant's eyes. She stopped about 5 seconds).</i> However, I can tell myself not to think about it. In case I break down, who will take care of me? After all, my relatives and friends have their own family. Now, the only thing what I want is to have a family doctor in the community, when we have a health problem, we can make a telephone consultation. I want to tell you a joke.</p>	<ul style="list-style-type: none"> 7:19:47 Understanding 7:19:57 Avoiding feeling sad via avoid... 7:20:00 Avoiding thinking 7:20:03 Not thinking too much 7:20:06 ? Being afraid of the winter sol... 7:20:09 Knowing the winter solstice co... 	<ul style="list-style-type: none"> 7:19:47 Accepting the reality of loss ch... 7:19:50 Feeling sad during festivals 	<ul style="list-style-type: none"> 7:19:47 Not feeling sad 7:19:50 Not thinking too much every d...
<p>Researcher Yes, please.</p>	<ul style="list-style-type: none"> 7:20:12 Self telling should not think a... 7:20:15 Thinking about who can provi... 7:20:18 Worrying about who can provi... 7:20:21 Hoping to have family doctor i... 7:20:24 Hoping to have telephone con... 7:20:27 Worrying about having health... 7:20:30 Wanting to tell a joke 	<ul style="list-style-type: none"> 7:20:12 Knowing friends have complet... 7:20:15 Knowing relatives have their fa... 	

Appendix N: Examples of Memo

Example 1

名字	▲ 类型	编码使用次数	密度	群组	创建者	修改者	创建于
Having difficulty in (future) care...	备忘录	0	0	[Having difficulty in (future) caregivers] [Living in difficulty/Living a difficult	WHY	WHY	2018/11/6 10:22

备忘录：由WHY编辑2019/3/3 20:19

Having difficulty in (future) caregivers

The caregiver's issue is a future urgent problem for the women. For someone, the caregiver's issue is urgent problem for now. The difficulty in caregivers mainly express in follows:

1. Having difficulty in getting care This is including having difficulty in getting care when old/getting elderly care and having difficulty in getting care when sick or hospitalized. Some one had the experience of no caregiver could call nurse change the liquid medicine when she had the intravenous infusion in hospital. Some one had the experience of there is no one could give her a cup of warm water during she was sick. They also feel fear about this issue in the future when they are old or sick. They believe that if get sick, but no child could provide care is the hardest.
2. Having difficulty in getting spiritual/emotional consolation The child play an important role in terms of spiritual or emotional consolation to the mother. Living with children, the mother can obtain direct living care and feeling comfort from children. However, after losing the only child, the women could not get any spiritual or emotional consolation from the child. Although, they could get consolation from other family members, friends, colleagues, even peers. All of these consolations could not the same as the consolations like their own child could provide for mother. As the participant said "After he passed away, no one care me like my son, and no place to talk about my heart words as we used to."
3. Having difficulty in getting signature when needed They have difficulty in getting signature. When they need do surgery, when they need hospitalization, the signature from the guarantor is needed. For another point, if they need to to nursing home, the signature is needed, too. This is easy thing for normal family. So far, if the women less 60 years old, they could sign by themselves. However, if their age is older than 60 years old, they could not sign by themselves. However, there is no family member could sign for them, especially for those who has no couple and are only-child who have no relatives as well.

The hospital needs signature, this is one reason that the participants not want to go to hospital.

Example 2

名字	▲ 类型	编码使用次数	密度	群组	创建者	修改者	创建于
Missing deceased child	备忘录	0	0	[Missing deceased child] [Mourning]	WHY	WHY	2019/3/3 21:05

备忘录：由WHY编辑2019/3/3 21:05

Missing is having child in mind or having scenes of child in mind. Missing deceased child means the feeling from the lack of the only-child. Missing is one kind of cherish or mourning the deceased child. The missing is long term feeling, it could last from after loss to until now. The missing has degree that is missing child very much, not missing too much now. The frequencies of missing are missing child all day, missing child often, missing child sometimes.

In addition, the women said, "... if nobody mentions that I won't be sad; if mentions that I still cannot let it go...", that means if somebody mention, they would feel sad. Therefore, they could not fully escape thinking of deceased child. The missing could happen because of other triggers at any time and at any place. That is, there is triggers that remind the women to miss their deceased child. For example, when seeing everything at home, when going to hospital/seeing doctor, when insomnia, when seeing the scenes of family reunite, when seeing others (such as seeing a girl look like own child), when getting concern from others (such as someone hug her, receiving regard message from child's classmates, getting call from nurse). All these may trigger the women remind the deceased only-child at any time and any place. While, the missing would stronger during festivals. (See memo "missing stronger during festivals")

When the women are missing their only-child, they feel sad, regret, grief, even they are crying. When the women are missing their deceased only-child, they will look at child's photos (including on computer, smart photos, and photo album), mentally seeing growth pictures of deceased child, reading child's diary or novelette which was wrote by child, talking with child photos. Moreover, they would dream the deceased child in dream.

The action like including hanging, putting or posting photos in house, taking child's photos along with (selecting child's photos and saving child's photos on smart phone, making a necklace pendant to wear everyday could seem as triggers to remind them missing deceased child, too.

Q99: Why did they do like this? Read the manuscript again and try to answer. Are they the same as the way that they have mentioned related to mourning/memorizing the deceased child are including holding memorial ceremony for child, holding memorial service for child?

Memo "missing deceased" related to with this memo.

VITA

NAME Mrs. Haiyan Wang

DATE OF BIRTH 29 July 1981

PLACE OF BIRTH Heilongjiang Province

INSTITUTIONS ATTENDED Bachelor's degree in nursing science from Mudanjiang Medical College in 2005
Master's degree from Kunming Medical University in 2010

HOME ADDRESS Kunming, China

