



Coping with the death of singleton children in China: the role of social capital

Death of
singleton
children

401

Pui Yan Flora Lau
*Department of Sociology, Hong Kong Shue Yan University,
Hong Kong, Hong Kong*

Received 17 June 2013
Revised 21 October 2013
8 January 2014
Accepted 9 January 2014

Abstract

Purpose – Discussion of China's one-child policy generally centres on its demographic effects. Bereavement among parents of singleton children and the role of social capital in the bereavement process have been under-explored. The purpose of this paper is to focus on mothers who lost their only children during the Sichuan earthquake in 2008. The paper aims to discuss the under-explored yet crucial issues of the one-child policy – the ways in which Chinese bereaved mothers handle the death of their singleton children – and the roles that social capital can play in their bereavement process.

Design/methodology/approach – The author conducted eight case studies on bereaved mothers through home visits, semi-structured interviews and participation in public activities during August 2010 and May 2011. In-depth interviews were used to collect information from these bereaved mothers in Sichuan, China.

Findings – The case studies reveal two major experiences of bereaved mother whose familial support varies substantially. One major experience is shared by those who had received emotional support from husband (who offered bonding social capital), and were able to get through the psychological pain. Another experience is shared by bereaved mothers who lost their familial relations. Weak social ties (i.e. an NGO which offered bridging social capital) remained the only source of support. Policies can target at the latter group of mothers by helping them to organise themselves into community-based groups and help to relieve their frustration and grief.

Originality/value – These research findings have implications for the development of NGOs, as well as complementary support for community-based bereavement counselling and community care in China.

Keywords China, Family, Social policy, Interpersonal relations, Community relations, Disadvantaged groups

Paper type Case study

Introduction

China's one-child policy was introduced in response to the threat that the country's massive demographic growth posed for future social and economic development. Since the introduction of the policy in 1978, Chinese couples in urban areas have only been allowed to deliver one child, although ethnic minorities and rural residents are allowed to deliver more than one[1]. The rationale for the policy was predominately economic, in that the government perceived the need to create a "high quality" generation with the resources and ambition to make China a competitive capitalist economy (Fong, 2004).

The author would like to express sincere thanks to Ms Wei Sha for channeling important information and Professor Lai Wan Cecilia Chan for making comments in the initial stage. The author would also like to thank WHO Collaborating Centre for Rehabilitation of the Hong Kong Society for Rehabilitation, Huaxi Hospital (Sichuan), Mr Hang Sau Ng and his team for different kinds of support.



Social science discussions of China's one-child policy have centred around the policy's demographic effects, such as the ratio between males and females, the ratio between adult children and dependent elderly parents, the change in familial structure and the implications of the policy for population growth (Festini and de Martino, 2004; Hesketh *et al.*, 2005). Other core issues of the one-child policy include illegal abortions and particular psychosocial aspects of singleton childhood behaviour, such as being spoilt, attention seeking, hyper-protected or having a relatively strong sense of insecurity as a result of excessive expectations from parents (Fong, 2004; Chen, 1994; Jing *et al.*, 1987).

In recent times, the situation of bereaved parents has started to draw public attention. According to Wu (2013), one million families had lost their singleton child by 2012. There have been some policy attempts to alleviate the pain of bereaved parents who are ageing, and these policies can be divided into two major categories. The first category is the establishment of a fast-track system for state-run elderly centres. The second is the provision of monetary subsidies to bereaved parents if the bereaved mother has reached the age of 49. However, these policies are direct livelihood subsidies that are entirely materialistic in nature.

The pain and sense of hopelessness brought about by the death of a child can be far more severe than that suffered over the death of parents, siblings or spouses (Keesee *et al.*, 2008; Gamino *et al.*, 2000; Gorer, 1965). The trauma is especially severe when children are suddenly lost without warning (Rothaupt and Becker, 2007). In China, this suffering is further compounded by the one-child policy, as ageing bereaved mothers have difficulty becoming pregnant again.

Psychological responses to bereavement

Several theoretical models have been suggested for a healthy psychological adjustment to bereavement. For example, Shuchter and Zisook (1993) proposed a multi-dimensional model of bereavement adaptation that includes six dimensions of dealing with loss, namely, emotional and cognitive experience, coping with loss, the continuing relationship with the deceased spouse, functioning, social and intimate relationships and identity. Stroebe *et al.* (1996) suggested a dual-process model that proposes that bereaved people move from loss-oriented tasks (i.e. thinking about the deceased) to restoration-oriented tasks (i.e. mastering new roles or negotiating a new identity). Other key grief work models in psychology include Freud's (1957) detachment model, which states that the bereaved must let go of his or her attachment to the deceased by relinquishing bonds (Silverman and Nickman, 1996). Bowlby's (1973) attachment theory suggests that the "grief-work" undertaken by bereaved persons will eventually detach them from the deceased and leave them free to form new relationships. Silverman and Nickman's (1996) concept of continuous bonds challenges the detachment models and suggests that establishing a longstanding relationship with the deceased is an integral part of the successful adaptation to bereavement (Rothaupt and Becker, 2007; Field, 2006; DeSpelder and Strickland, 2005). Bonanno (2009) categorises three types of grief reactions: recovery, resilience and chronic grief. Resilience refers to a bereaved person who "may be shocked, even wounded, by a loss, but we will manage to regain equilibrium and move on" (p. 7). Most people fall into this pattern. Recovery refers to the gradual relief from acute pain as people "begin putting their lives back together" in a process that takes about two years to complete (Bonanno, 2009, p. 7). Chronic grief refers to bereaved people who suffer overwhelming and longstanding grief on a daily basis.

Considering the psychological responses to bereavement, support from social networks is crucial during the process of bereavement adaptation. It is difficult to understand the adaptation process without considering the networks in which the bereaved persons are embedded. Nevertheless, the role of the social network is not specifically discussed in bereavement research, and is nearly absent in discussions of the one-child policy. It is the goal of this paper to bring discussion of social networks back into the context of the one-child policy.

Social capital and its relevance to social policy

In this paper, the term “social network” is replaced by “social capital”. The term refers to the resources that are generated through social ties and social relationships. Defined in terms of social bonding and bridging, social capital refers to the positive outcomes of social networks (Putnam, 2000; Woolcock and Narayan, 2000). Bonding social capital refers to networks of like-minded persons within homogeneous groups. This type of social capital is “best suited for providing the social and psychological supports among members within the group” (Policy Research Initiative, 2003, p. 23). Bonding social capital is associated with strong ties, such as close friends and family members. Bridging social capital is more heterogeneous, and is useful in connecting people to “external assets” that help them “get ahead” (Keating *et al.*, 2004). This kind of social capital is derived from weak ties, such as loose friendships and relations with colleagues. Bridging social capital is often associated with the labour market (e.g. getting a job) and is rarely discussed in the context of bereavement among ageing adults.

Considerable research has contributed to our understanding of why social capital might be an important concept in policy making. Various studies have shown that social capital, be it bonding or bridging in nature, is positively related to many social outcomes involving healthcare, poverty, social exclusion, social cohesion, neighbourhood renewal, urban planning and educational attainment (Putnam, 2000; Policy Research Initiative, 2003; Productivity Commission, 2003; The National Economic and Social Forum, 2003). For example, in places where neighbours frequently interact and volunteers provide community services, the government can enhance home-based care for the elderly by advocating community involvement. Similarly, in places with high social capital, the government can draw on the community spirit to enhance disaster relief (Productivity Commission, 2003). Different types of policies and community programmes can be helpful in accumulating social capital, which helps to influence the community over time (Woolcock, 2002; Productivity Commission, 2003; The National Economic and Social Forum, 2003). Efforts can be made to ensure that existing community associations or networks are actively involved in the design of interventions in terms of developing social networks or local associations, strengthening ties among existing communities and social organisations, and promoting civic engagement such as volunteering and civic participation (Policy Research Initiative, 2003).

Setting the scene

It is the author’s intention to discuss the role of social capital in the bereavement of Chinese parents who lost their singleton children in the 2008 earthquake in Sichuan, a province in western China. With a population 80,418,200, Sichuan is the fourth most populous of the 31 provinces and municipalities in China (National Bureau of Statistics of China, 2011). Sichuan’s nominal GDP for 2011 was RMB2.15 trillion (US\$340 billion), which is equivalent to RMB17,380 (US\$2,545) per capita, and the province is one of the

fastest growing areas in China in terms of economic development (National Bureau of Statistics of China, 2011). In this earthquake, around 70,000 people were killed, 380,000 were injured, 18,000 were missing and more than 100,000 local residents lost their homes[2]. People who managed to survive the earthquake suffered from multiple losses – the loss of loved ones, relatives, close friends, material resources and physical mobility. Out of the many types of losses, the loss of children could be the most detrimental to the population.

A few months after the earthquake, an NGO, “The Centre for Mum”[3], was established by a Chinese psychologist to provide counselling services for bereaved mothers in post-earthquake regions. The organisation is made up of six volunteers who specialise in relieving grief and providing psychological adjustment for bereaved mothers[4]. The volunteers were professionally trained by psychologists and social workers from Hong Kong. Bereaved mothers can visit the organisation regularly, attend bereavement workshops, socialise with other bereaved mothers and attend child caring workshops if they become pregnant again. The author suggests that the establishment of “The Centre for Mum” is an example of a community-based network in bereavement counselling.

Counselling services, especially bereavement counselling had been rare in China. Within Chinese culture, family is the dominant source of support, as beliefs such as filial piety or brotherhood are key binding forces among family members. Children are always expected to take care of their parents, and members of the family are expected to provide emotional and material support for each other. The provision of these services after the earthquake to a certain extent implies that the role of family as a traditional social agent for emotional sharing has been shared by the community.

Aims of the paper

This paper aims to discuss the under-explored yet crucial issues of the one-child policy – the ways in which Chinese bereaved mothers handle the death of their singleton children and the roles that social capital can play in their bereavement process. Based on eight case studies, the author explores the experiences of bereaved mothers who lost their singleton children during the Sichuan earthquake of 2008. The specific research questions raised are as follows:

- RQ1.* How did the emotional status of bereaved mothers evolve after the deaths of their children?
- RQ2.* What is the role of social networks, in terms of both bonding and bridging social capital, in alleviating the pain of bereavement? Under what circumstances would community-based counselling services supersede the family in the bereavement process?
- RQ3.* In what ways can social capital be integrated into policy initiatives for the betterment of bereaved mothers in China? Which actors, including the government and NGOs, help to promote and build social capital, especially for bereaved mothers, in the post-earthquake regions and the rest of China?

Rather than focusing on the material aspects of child loss (as the Chinese government currently does), the author focuses on the psychological problems of bereaved parents and the ways in which their needs can be alleviated. The core focus here lies in the

articulation and expansion of (bridging) social capital among bereaved mothers and across residents of the community. The core aim is to investigate how the community services provided by NGO benefitted the bereaved mothers and under what circumstances NGO will replace the family in the emotional aspect of life. Other policy areas relating to bereaved mothers, such as community care are also discussed.

Methodology

The author conducted eight case studies on bereaved mothers through home visits, semi-structured interviews and participation in public activities. These activities included workshops for bereaved mothers organised by the official unit and an occasional class organised by a colleague of the author from Hong Kong during August 2010 and May 2011. The workshops aimed to provide a platform for mutual sharing among bereaved mothers and introduced ways for bereaved mothers to relieve their psychological distress. The author argues that qualitative methods, especially semi-structured interviews are essential in the study of death and bereavement and to achieve answers to the questions that were raised in the previous section (Chan *et al.*, 2005; Neimeyer and Hogan, 2001). This method provides a rich source of data, which emerges from the different stages of feeling that the mothers experienced after the loss of their children, their changes in familial relations and daily routines, and their short-term life agendas. Above all, the author expected to derive finer details from the interviewees (Berg and Lune, 2012). The use of semi-structured interviews permitted follow-up questions to be asked and allowed the interviewee's situation to be understood more thoroughly. This was particularly crucial when the interviewees needed to describe their relationships with family members and the community. The author also considers that the small sample in this study is justifiable as the objective was not to derive numerical generalisations or to draw generalised validated inferences, but to explore the quality of the bereaved mothers' bonding and bridging social capital. Moreover, some might argue that the recall of events that occurred two years ago may reduce the accuracy of the interviewees' description of their actual feelings. However, the author proposes that as the death of their singleton children was an extremely critical event for the interviewees, their experiences during the different stages of the recovery process were likely to have remained fresh in their minds.

Informed consent was obtained from each interviewee before the interviews. The interviewees remain anonymous and the author guaranteed the confidentiality of the interview information. Two sampling strategies, snowball sampling and introduction by local social workers, were used. Regarding snowball sampling, the author contacted the interviewees via a bereavement counselling workshop for bereaved mothers co-organised by an official unit and a local NGO. The author served as a volunteer for this event and was assigned to assist two bereaved mothers to complete the workshop exercises. These exercises focused on exploring the mothers' feelings towards the death of their children at different stages and the ways through which grief can be relieved. With the consent of the interviewees, the author asked the interview questions between the various sets of exercises. Towards the end of the workshop, the interviewees began to introduce other bereaved mothers for interviews. This soon began to snowball. In regards to the second sampling strategy, local social workers introduced interviewees to the author between August 2010 and May 2011. The author managed to talk to the interviewees at their own residence during home visits. Each interview lasted for about half an hour on average. The participants were aged between 33 and 47 at the time they were interviewed, and they were all mothers who

lost their children in the earthquake of May 2008. One of the bereaved mothers was a housewife, two were unemployed, three ran small businesses (small shops selling flowers and assorted food) and two worked in the service sector as waitresses. All of their children had been attending primary schools at the time they passed away.

The interviews were conducted in Mandarin. The author jotted down detailed notes during the interviews. Straight after each interview, the author summarised the main points derived from the interview to refresh her memory. The author also tape-recorded (in MP3 format) every interview for a clearer record and transcription. Following the research questions identified above, the author made notes on the hard copy of each transcript for relevant answers and insights[5]. For example, with the aim of exploring the role of bridging social capital in the bereavement process, the author highlighted all sentences that comprise the words “The Centre for Mum”, “the Centre” and “Mrs”[6] on the transcripts. When exploring the relationship between interviewees and their partner, the author highlighted “he” on each transcript. When exploring how interviewees missed their singleton children, the author highlighted “the child”. The highlighting of transcripts resembles the process of “coding” in qualitative software programme such as Nvivo (and the words being highlighted are regarded as “nodes” in Nvivo). The rationale for coding was to organise the interview information into themes and emerge ideas for analysis.

Findings

The interviewees handled the loss of children in their own ways, largely depends on their economic conditions and the availability of bonding and bridging social capital. Their experiences can be categorised as follows:

Receiving emotional support from strong ties (strong bonding social capital)

Most of the bereaved mothers had undergone a significant emotional roller coaster. Their emotional swings were basically divided into four stages: feeling extremely sad and hopeless, constantly recalling the child but avoiding memories of the death, resetting goals for the future and, eventually, an emotional state which resembled the time before the death of the child.

In the immediate stage of bereavement, the bereaved mothers constantly remembered their child – touching the child’s belongings or photos and recapturing their memories of the child. Attaching emotional bonds to the children’s belongings offered the bereaved mothers a sense of connectedness to their child – a feeling that the child was still there in the world. Mrs Zhang[7], a 37-year old restaurant waitress, told us:

I felt he was still around when I touched his clothes. Nothing is more important than a feeling of being together. I only felt hopeful when I thought about him.

The belongings of the child had become a channel of communication between Mrs Zhang and her son. To Mrs Zhang, touching the belongings meant touching her child.

Several months later, Mrs Zhang’s emotion had changed to the extent that she did not try to capture such physical bonding with the child every day, but became gradually more at ease with the death. When asked if she was planning to get pregnant again, Mrs Zhang said:

Of course, my husband and I would love to have a new baby now, but we’re not young. We’ll try. (How do you feel now nearly two years after the earthquake?) Regretful and sad. We simply need to accept the reality and live well for the future. I am not too bad in any case; at least I have a husband, a job and a flat.

Mrs Zhang had “a husband, a job and a flat”, the basic emotional and material support, and good relationships with other family members. She did not particularly mention her relationships with family members on her husband’s side but looked amazed when she talked about her own family members:

I visit my mother and elder sister when I am free, usually on Sunday. We have a good time together. (Did your husband go with you?) Yes, he did. My parents treat him as a son.

Although, at this stage of the interview, the author is yet to know Mrs Zhang’s relationship with the family members on her husband’s side, thus far Mrs Zhang had illustrated that she was strongly attached to the close ties that enabled her to attain strong bonding social capital. However, the strength of the interviewees’ close ties varied. Mrs Chen, aged 36, being unemployed, shared with us that:

I felt like dying in the first few weeks after the earthquake. We (she and her husband) had placed all our hopes on her (the child). Who could ever imagine my little daughter passing away at the age of ten, just because of this disaster? We just couldn’t help wondering “why, why is it so unfair?” I had never understood what was meant by pain until I saw her photos, her clothes, her belongings. I tell you what, I felt heart pain during this period. The physical pain from my heart. (How did you get over the grief?) Time healed. I needed my husband and he was always around.

Indeed, time heals. Mrs Chen received strong support from her husband, and she described her future hopes as follows:

To lead a happy life. I am fortunate enough to have a supportive husband – he is my source of energy. But I need to find a job anyway, as I quit the job two years ago. I just couldn’t stand the pain and hide myself in the flat every day. I need to reach out and get a job.

Getting pregnant again was not her main concern as “it is risky to have a child at this age”. Mrs Chen had received great support from her husband but not from any other close ties. When asked about her relations with other family members, she was reluctant to comment, but said twice:

Don’t mention these people anymore. They are bad. I haven’t met them since the earthquake. I don’t care.

Mrs Zhang and Mrs Chen had similar experiences. They were ageing, had supportive husbands and had endured tremendous emotional pain after the loss of their only child. Based on their experiences, the author suggests that the primary source of support from their close ties (bonding social capital) was their husbands rather than other family members, although the author does not refute the role of the other family members in psychological recovery. With or without the support of other family members, the interviewees were both able to get through their grief.

One of the interviewees adopted a relatively pro-active approach to the bereavement process. Mrs Wang, who was aged 36 and ran her own assorted food business, worked through her emotional pain so quickly that she and her husband tried to have a test-tube baby six months after the death of her son. She told the author that she felt very sad about the loss of her son who was aged six, but she had found a method for compensation several months after the earthquake:

We have tried test-tube babies twice, but failed. (Is it financially costly for a test tube baby?) We had to pay RMB40,000 each time, but we could afford it. We’ll do it again soon. You know, I’m still not too old, and we’ll keep doing it. It’s pointless to wait.

The technique of having test-tube babies had indeed given hope to this bereaved couple. Mrs Wang looked happy and optimistic compared to other bereaved mothers described in the next section. She told the author:

I was very sad after losing my son and I was sleepless in the first couple of weeks, but I managed to get through the grief gradually. Having another baby via medical support is probably a way out, and we're committed to it. I look forward to having a new baby as soon as possible.

Life, which turns out to be a form of hope, can be created via technology, and that new life can compensate for the loss of the previous one. Mrs Wang shared this goal with her husband and they were working hard to achieve it. She told the author that their parents strongly supported their decision:

We talked about it (attempting a test-tube baby) in an open way. Our parents are not really concerned if we can afford to pay for it. Perhaps they thought it was our business and they thought we could afford it. They look forward to having a new grandson soon. (Do you feel the pressure of getting pregnant?) Not really, it's okay if we fail. They understand.

Mrs Wang said she shared everything with her parents and they were still a great source of emotional support even after she got married. She also visited her parents-in-law on a regular basis and they also provided emotional support. The existence of medical support and the emotional support from Mr Wang and their family members, i.e. close ties had substantially helped Mrs Wang to overcome her grief.

Resorting to NGO (bridging social capital as the core source of emotional support)

The most undesirable situation was one in which the bereaved mother lost not only her child, but her husband as well. The author calls this double loss. One of the interviewees, Mrs Zhu, aged 47 and unemployed, lost her younger son (aged eight) during the earthquake, despite the survival of her elder daughter (aged 20). However, rather than sharing the grief and providing emotional support with her husband and the rest of the family members, Mrs Zhu's husband left her for another woman a year after the earthquake. What worsened her situation was that she was infected by a sexually transmitted disease via her husband, but was unfortunately running out of money for medical treatment. She explained to us:

I am severely distressed. What can I wish for at this age? He (her husband) dumped me for another woman because I was unable to deliver a son anymore. He didn't even come home for several months after the death of our son. I have got nothing but my daughter now [...] It's such a nightmare to be infected by this disease.

Mrs Zhu did not explicitly tell us what the disease was – she simply said the disease was “there”. “There”, in Chinese language, is strongly correlated with sex. Having lost her son after the earthquake, Mrs Zhu lost her husband and contracted an undesirable disease. As she was beyond the age of pregnancy, she felt she must accept that she had lost her son and could not ever have another one. The loss of her husband had indeed imposed extra pain upon her (a detrimental collapse of strong ties). Even on the day of interview – one year after the disappearance of her husband – she looked very distressed and hopeless. She told the author:

My daughter cannot compensate for my son. But without her, I cannot survive. (What do you do when you miss your son?) What can I do? I can't do anything. I just feel suffering every day.

Mrs Zhu was still in an emotional black hole. At least for the short term, she was unable to get through the hurdle of her pain to reach a better life. She depended on her

daughter for a living but was not emotionally close to her. Her daughter worked elsewhere and came home once a month for a weekend. Mrs Zhu also refused to talk to other family members as she did not want to disclose her status in front of them. Her family members have also not taken any initiative to contact her.

Mrs Zhu is not alone. Ms Xiang, who was aged 34 and ran her own small business as a flower seller, lost her ten-year-old daughter during the earthquake. Her husband initiated a divorce two months after the earthquake and she had been distressed ever since:

I was very reluctant to divorce but when I thought about how bad he and his family members have treated me, I agreed with the divorce immediately. But when I went to the Ministry of Affairs for the procedure, I regretted it. Guess what, he dared to sign all the documents without any doubt. Why does he treat me like this? What else could I do? I signed it eventually.

During the interview, Ms Xiang asked several times “why does he treat me like this”. She was obviously distressed by the death of her daughter and her husband’s indifference towards her. She was also saddened by the indifference of her husband’s family members:

They (the parents and siblings of her husband) all treat me like an outsider. Even after they knew that our daughter had passed away, nobody has ever come and visited me (started crying). They said they are also the victim of the earthquake. Oh my God, I lost my only child. How come you haven’t even consoled me with a single word? If you were me, would you be furious?

Her relationship with her mother was also not very good. Although her relationship with her mother had been fair from time to time, she told the author that her mother did not really understand her or even bother to find out how she felt. The absence of bonding social capital had dragged Ms Xiang into a situation where she felt completely desperate and despairing:

I think I am really tough – two body blows at the same time. In spite of the death of my daughter, the divorce has brought me a lot of pain. I do not have anything after the earthquake.

Her bonding social capital had collapsed. Yet, to her surprise, she found that volunteers from “The Centre for Mum” had helped her to feel more at ease emotionally. She told the author that except for the volunteer, whom she knew through the social welfare sector, nobody really understood her or shared how she felt:

I can only talk to Mrs Jing (the volunteer) who really shares how I feel. It is so ironic. Eventually, it is a stranger whom I can share my feelings with.

Whereas Ms Xiang found weak ties (bridging social capital) more useful than strong ties (bonding social capital), Mrs Liu, a 39-year-old housewife, took the initiative to detach herself from strong ties as she found weak ties more appealing:

I detached from all my relatives, particularly those on my husband’s side. (Why?) They did not even care about us after the earthquake. I would say family members on my husband’s side are worse than my neighbours! My sister and brothers [...] when I told them my son was dead, they promised to come and visit me. Eventually, they did not even show up. I have not kept in touch with them since then. Even my neighbours are much more helpful.

After the earthquake, Mrs Liu spent most of her time at home and felt miserable every day. Her husband returned home once a week because he had to work elsewhere.

They rarely had good conversations, “He is okay but we rarely talk even when he is at home. We were not like this before the earthquake”.

The loss of connection with their close ties (relatives) and the different levels of detachment from their husbands had driven these interviewees to turn to an alternative, i.e. to attach to weak ties. Mrs Liu also attended events organised by “The Centre for Mum” and found that life was starting to get easier, although she felt depressed whenever she stayed at home alone. Similarly, Mrs Xu, a 33-year-old restaurant waitress who lost an eight-year-old son during the earthquake, told the author:

The greatest emotional support comes from volunteers and bereaved mothers in the Centre (the NGO office). In the Centre, we talk and laugh. Time could fly. We (bereaved mothers in the NGO) all share similar experiences. We are able to listen to each other and share our own feelings. At the critical moment, it is these outsiders rather than my parents or siblings are being supportive to me. When you talk to them (family members), they are impatient. I chose not to see them.

Similar to Ms Xiang, Mrs Xu preferred the company of similar people in the community rather than family members who lived locally or elsewhere. These bereaved mothers felt secure and comfortable with weak ties (which bring bridging social capital) rather than strong ties (which bring bonding social capital).

Discussion and conclusion

The case studies reveal two major experiences of bereaved mother whose familial support varies substantially. One major experience is shared by those who had received immediate support and emotional help from their strong ties, and were able to get through the psychological pain brought about by the death of their singleton children. The support they received from their husbands (a particular form of strong ties and bonding social capital) emotionally and practically in daily life was consistently strong. Other forms of strong ties (i.e. other family members) seemed to be less crucial compared to the spousal relations. In one case, the bereaved mother overcame the bereavement process while pursuing active compensation by trying hard to get pregnant again via medical techniques. The support from her husband (strong ties and bonding social capital) was also consistently strong, so as from other family members.

Another kind of experience is shared by bereaved mothers who were in the most undesirable situation, where the loss of singleton children had led to the loss of spousal relationship and familial relationship (and even physical health in one case). They did not only lose their singleton children but had also detached from their husband and other family members. Weak social ties (bridging social capital) remained the only source of support. They only felt happier when they were with volunteers of the NGO (weak ties and bonding social capital) and people who shared similar experiences. Their experiences reflected that when family fails to perform its function, community-based networks can be an effective alternative. In the Chinese context, bonding social capital and strong ties are used to be crucial sources of support for an individual. The research, however, also reflects that the problem with marital relationship is significant to bereaved couples in China. Husband abandonment as a result of the wife’s limitation in pregnancy is repeatedly reported[8].

In situations where the bereaved mothers lost support from their family, the establishment of weak ties and bridging social capital can be vital, and may be the only way out. Community-based networks, as indicated by “The Centre for Mum” in this

study, can provide help and direction for bereaved mothers, and may become crucial for the population of people in a similar situation. NGOs of this kind can be extended to help improve the well-being of people whose close ties are disintegrating and who find it difficult to search for alternative sources of support. When we use a social capital lens to consider the possible effects of the one-child policy and of bereavement from the death of a singleton child, it is clear that the concept of social capital needs to be expanded beyond bonding capital to include bridging social capital. The issue then turns to whether the community and the government should intervene in the development of social capital to enhance bridging social capital and weak ties. Following the restructuring of familial relationships in China as a result of rural-urban migration and the one-child policy, families may increasingly fail to perform the roles that they had previously performed.

Empowering bereaved mothers – reconnection to the community

Social capital commonly refers to the stocks of social trust, norms and networks that people can draw on to solve common problems (Lang and Hornburg, 1998). In this paper, the common problem is the bereavement of singleton children. As some of the bereaved mothers lost their bonding social capital during the post-earthquake period, policies can target at these mothers by helping them to organise themselves into community-based groups to strengthen their connectedness with others (especially those with similar experiences) and help to relieve their frustration and grief. As the results of this paper suggest, without the assistance of NGOs at the community level, some of the bereaved mothers would have experienced further suffering.

Research illustrates that people who suffer from traumatic loss should benefit from counselling even if they do not have support from families and peers (Price *et al.*, 2011; Parkes, 2000, 2002). A systematic psychological intervention is therefore vital during the bereavement process. This paper suggests that bereavement counselling in China needs to be developed, especially for those with weak bonding social capital. Counselling services in China are currently in the preliminary developmental stage (Chen, 2007). The Bureau of Labour and Security started to recognise and license clinical psychologists in 2002, which is more than a hundred years behind the west. Recognising clinical psychology as an applied academic discipline, nurturing psychologists and counsellors, and expanding the mind set of people to accept professional counselling (which has been regarded as taboo) is crucial for developing psychological counselling in China. Given the change in the familial structure and social development of China, bereavement counselling services can be developed as one of the core services provided by community-based organisations. Attention to public health is also needed, as mentioned in the case studies, because bereaved mothers may need special kinds of medical support such as assistance with reproduction and gynaecological problems. This assistance could be the responsibility of the social welfare sector and the regional government.

Little has been done to explicitly integrate social capital into the one-child policy in China. This paper suggests that the development of bridging social capital as a means of reconnecting bereaved mothers with the community is crucial for post-trauma bereavement recovery and advocates the need for community-based psychological intervention at the NGO/community level. The concept of social capital is related to empirical practice by exploring the role that NGOs (i.e. bridging social capital) and the family (i.e. bonding social capital) play in the bereavement process. All of the interviewees lived in the same region where only one child can be legally delivered

(one interviewee, Mrs Zhu, was fined for delivering a second child). Future research can extend the findings of this study by exploring the role of social capital in the recovery of bereaved mothers in China in general. The author suggests that the role that bonding and bridging social capital play in bereavement should be explored in different regions of China, as women in rural areas and in ethnic minority centred regions can deliver more than one child, and in many urban regions where women can now deliver a second child if either side of the couple is a singleton children. How do women in these circumstances respond to the death of their children and what are the policy implications for bereavement recovery for different types of family? Another possible research direction is men's responses to bereavement. The existing research focuses on women's experiences of the death of their children. Research in western contexts clearly indicates that men and women respond differently to the bereavement of children (Wing *et al.*, 2001; Klass, 1997; Schwab, 1996). This paper reviews that some fathers are indifferent to the death of their singleton child – while the wife was suffering from bereavement, these husbands abandon the wife and searched for another woman. A gender perspective can be integrated in the research ahead in order to find out the gender differences in the perception of family and children in China. The different responses of bereaved men and women can also possibly shed light on the role of bonding social capital in the bereavement process and highlight the need for counselling services for couples

In the very long run, improved community care should be a long-term direction for the future. Since 2001, the Ministry of Civil Affairs has made an attempt to extend responsibility for taking care of the elderly to the community level. The concept of community care involves the assumption that the elderly will be much better able to “serve through the wisdom and experience they have accumulated” if they can be provided with appropriate assistance by the community. It is therefore proposed that care for elderly people through community structures is the major model for meeting the needs of elders, and is the long-term solution the ageing problem in China (Xiong, 2002). Community care, which implies the establishment of weak ties and bridging social capital, could be a direction for the betterment of bereaved parents in China.

Notes

1. In the face of reduced productivity (working adults) in the future, the Family Planning Commission of China suggested lifting the ban on a second child if either parent is an only child. In some large cities such as Shanghai, this rule has been practiced since 2012. The Commission expects that the new rules will cover all families by 2015.
2. “Casualties of the Sichuan Earthquake” (in Chinese), 8 June 2008, available at: <http://news.sina.com.cn/pc/2008-05-13/326/651.html>
3. The name of the NGO is fictitious in this paper.
4. “The Home of Mom” channels love to mothers in post-earthquake region” (in Chinese), 12 May 2013, available at: <http://news.takungpao.com.hk/paper/q2013/0512/1603095.html>
5. The author initially attempted to use Nvivo for coding and analysis but due to the technical problem of language interface (i.e. the transcripts were all in Chinese and the Nvivo-in-use supported English only), the author completed analysis on the hard copy of transcripts. Although the process of data analysis might not be scientific enough, the rationale and process of coding and node making follows the rationale of Nvivo.
6. “Mrs” is a common way interviewees addressed volunteers of “Centre of the Mum”.

7. All of the interviewee names are fictitious.
8. Husband abandonment as a result of the limitation in pregnancy was common in traditional China. A wife could be divorced under the so-called "Seven Outs", i.e. barrenness, wanton conduct, neglect of parents-in-law, garrulousness, theft, jealousy and ill-will and incurable disease (Baker, 1979). Although "individualization" is increasingly found in contemporary Chinese families (Yan, 2009), the research findings suggested that patriarchy is still apparent in some Chinese families.

References

- Baker, H. (1979), *Chinese Family and Kinship*, Columbia University Press, New York, NY.
- Berg, B.L. and Lune, H. (2012), *Qualitative Research Methods for the Social Sciences*, 8th ed., Pearson, Boston, MA.
- Bonanno, G. (2009), *The Other Side of Sadness: What the New Science of Bereavement Tells Us About Life After Loss*, Basic Books, New York, NY.
- Bowlby, J. (1973), *Attachment and Loss: Vol. 2, Separation, Anxiety, and Anger*, Basic Books, New York, NY.
- Chan, C.L.W., Chow, A.Y.M., Ho, S.M.Y., Tsui, Y.K.Y., Tin, A.F., Koo, B.W.K. and Koo, E.W.K. (2005), "The experience of Chinese bereaved persons: A preliminary study of meaning making and continuing bonds", *Death Studies*, Vol. 29 No. 10, pp. 923-947.
- Chen, B. (1994), "A little emperor: one-child family", *Integration*, Vol. 39, p. 27.
- Chen, Q. (2007), "Zhong guo xin li zi xun fa zhan de li shi hui gu yu qian jing qu shi", *Zhong Guo Lin Chuang Kang Fu*, Vol. 46 No. 10, pp. 158-160.
- DeSpelder, L.A. and Strickland, A.L. (2005), *The Last Dance: Encountering Death and Dying*, 7th ed., McGraw-Hill, Boston, MA, pp. 267-307.
- Festini, F. and de Martino, M. (2004), "Twenty-five years of the one child family policy in China", *Journal of Epidemiology and Community Health*, Vol. 58 No. 5, pp. 358-360.
- Field, N. (2006), "Unresolved grief and continuing bonds: an attachment perspective", *Death Studies*, Vol. 30 No. 8, pp. 739-756.
- Fong, V. (2004), *Only Hope: Coming of Age Under China's One-Child Policy*, Stanford University Press, Stanford, CA.
- Freud, S. (1957), "Mourning and melancholia", *The Standard Edition of the Complete Psychological Work of Sigmund Freud* (Trans and edited by J. Strachey), Vol. 14, Hogarth, London, pp. 237-260.
- Gamino, L.A., Sewell, K.W. and Easterling, L.W. (2000), "Scott and white grief study – phase 2: toward an adaptive model of grief", *Death Studies*, Vol. 24 No. 7, pp. 633-660.
- Gorer, G. (1965), *Death, Grief and Mourning in Contemporary Britain*, Cresset Press, Guilford, CT.
- Hesketh, T., Li, L. and Zhu, W.X. (2005), "The effect of China's one-child family policy after 25 years", *New England Journal of Medicine*, Vol. 353 No. 11, pp. 1171-1176.
- Jing, Q., Wan, C. and Over, R. (1987), "Single child family in China: psychological perspectives", *International Journal of Psychology*, Vol. 22 No. 1, pp. 127-138.
- Keating, N., Swindle, J. and Foster, D. (2004), *The Role of Social Capital in Aging Well*, University of Alberta, Edmonton.
- Keesee, N.J., Currier, J.M. and Neimeyer, R.A. (2008), "Predictors of grief following the death of one's child: the contribution of finding meaning", *Journal of Clinical Psychology*, Vol. 64 No. 10, pp. 1145-1163.
- Klass, D. (1997), "The deceased child in the psychic and social worlds of bereaved parents during the resolution of grief", *Death Studies*, Vol. 21 No. 2, pp. 147-176.

- Lang, R. and Hornburg, S. (1998), "What is social capital and why is it important to public policy?", *Housing Policy Debate*, Vol. 9 No. 1, pp. 1-16.
- National Bureau of Statistics of China (2011), "Communiqué of the National Bureau of Statistics of People's Republic of China on major figures of the 2010 population census [1]", National Bureau of Statistics of China, No. 2, April 29.
- Neimeyer, R. and Hogan, N. (2001), "Quantitative or qualitative? Measurement issues in the study of grief", in Stroebe, M.S., Hansson, R.O., Stroebe, W. and Schut, H. (Eds), *Handbook of Bereavement*, American Psychological Association, Washington, DC, pp. 89-118.
- Parkes, C. (2000), "Counselling bereaved people – help or harm?", *Bereavement Care*, Vol. 19 No. 2, pp. 19-21.
- Parkes, C. (2002), "Grief: lessons from the past, visions for the future", *Death Studies*, Vol. 26 No. 5, pp. 367-385.
- Policy Research Initiative (2003), *Social Capital Workshop 2003 June: Concepts, Measurement and Policy Implications*, Interdepartmental Workshop on Social Capital, Meech Lake.
- Price, J., Jordan, J., Prior, L. and Parkes, J. (2011), "Living through the death of a child: a qualitative study of bereaved parents' experiences", *International Journal of Nursing Studies*, Vol. 48 No. 11, pp. 1384-1392.
- Productivity Commission (2003), "Social capital: reviewing the concept and its policy implications", research paper, AusInfo, Canberra.
- Putnam, R. (2000), *Bowling Alone: The Collapse and Revival of American Community*, Simon & Schuster, New York, NY.
- Rothaupt, J.W. and Becker, K. (2007), "A literature review of western bereavement theory: from deactivating to continuing bonds", *The Family Journal: Counseling and Therapy for Couples and Families*, Vol. 15 No. 1, pp. 6-15.
- Schwab, R. (1996), "Gender differences in parental grief", *Death Studies*, Vol. 20 No. 2, pp. 103-113.
- Shuchter, S. and Zisook, S. (1993), "The course of normal grief", in Stroebe, M., Stroebe, W. and Hansson, R. (Eds), *Handbook of Bereavement*, Cambridge University Press, Cambridge, pp. 175-195.
- Silverman, P. and Nickman, S. (1996), "Concluding thoughts", in Klass, D., Silverman, P. and Nickman, S. (Eds), *Continuing Bonds: New Understandings of Grief*, Taylor and Francis, Washington, DC, pp. 349-356.
- Stroebe, M., Gergen, M., Gergen, K. and Stroebe, W. (1996), "Broken hearts or broken bonds?", in Klass, D., Silverman, P.R. and Nickman, S. (Eds), *Continuing Bonds: New Understandings of Grief*, Taylor and Francis, Washington, DC, pp. 31-44.
- The National Economic and Social Forum (2003), *The Policy Implications of Social Capital*, Forum Report No. 28, Dublin, May, The National Economic and Social Forum.
- Wing, D., Burge-Callaway, K., Clance, P. and Armistead, L. (2001), "Understanding gender differences in bereavement following the death of an infant: implications for treatment", *Psychotherapy*, Vol. 38 No. 1, pp. 60-73.
- Woolcock, M. (2002), "Social capital in theory and practice: where do we stand?", in Isham, J., Kelly, T. and Ramaswamy, S. (Eds), *Social Capital and Economic Development: Well-Being in Developing Countries*, Edward Elgar Publishing Limited, Cheltenham, pp. 18-39.
- Woolcock, M. and Narayan, D. (2000), "Social capital: implications for development theory, research, and policy", *World Bank Research Observer*, Vol. 15 No. 2, pp. 225-249.
- Wu, Y.S. (Ed.) (2013), *Zhong guo lao ling shi ye fa zhan bao gao*, Chinese Academy of Social Sciences, Beijing (in Chinese).

Xiong, B.J. (2002), *The Aging Population and Sustainable Development*, Encyclopaedia Press, Beijing.

Yan, Y.X. (2009), *The Individualization of Chinese Society*, Berg Publishers, Oxford.

About the author

Dr Pui Yan Flora Lau, MSc, DPhil (Oxon), is an Assistant Professor of Sociology at the Hong Kong Shue Yan University. She specializes in social capital, human resources management, social policies, gender relations and cross-regional studies. Dr Pui Yan Flora Lau can be contacted at: pylau@hksyu.edu

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.