“It Is Not Simply the Loss of a Child”: The Challenges Facing Parents Who Have Lost Their Only Child in Post-reproductive Age in China

**Abstract**

The death of one’s only child in post-reproductive age (in Chinese, *shidu*) is a traumatic event that has specific cultural implications in China. This study investigates the experience of changed life and emerging challenges amongst Chinese *shidu* parents. Thematic analysis of 36 interviews revealed four main life consequences following *shidu*: impairment of psychological and physical health, weakening of social networks and interactions, loss of meaning in life, and lack of care and security. We suggest that health monitoring and mental health intervention, adequate social and community support, and improved social security are the critical needs in this vulnerable group.

**Keywords**: one-child policy; losing an only child; *shidu*; bereaved parents; China

As of January 1, 2016, China abandoned its one-child policy and fully implemented a two-child policy nationwide (Zeng, Zhang, & Liu, 2017). Although abolished, the one-child policy was implemented for 36 years and has had a far-reaching influence on China’s population growth and family structures (Settles, Sheng, Zang, & Zhao, 2013). Among the many issues, families where the only child has died (known as *shidu* families, where *shidu* means “losing the only child” in Chinese) have gained scholarly attention. The *shidu* family is generally regarded as a couple whose only child has died and who were unable to have another child because of age or other reasons (Song, 2014). *Shidu* is a context-specific phenomenon, especially characteristic of cohorts whose fertility was affected by the one-child policy (1979–2016). Existing research shows no agreement on the definition or number of *shidu* families in China, but has suggested that it was a large group and still increasing as a result of the one-child policy. Based on 1990, 2000, and 2010 China Population Census data, Wang (2013) estimated that the number of families where the wife was over 35 years old and had ever given birth but had become childless in China was over 1 million in 2010 and was rapidly growing. Estimated by death rate, national statistics reveal that the number of families that have experienced the death of an only child aged 15–30 is increasing by 76,000 per year nationwide (National Health Commission of the People’s Republic of China, 2010).

Children have great value to their parents, providing a feeling of power or self-value and a means of social comparison or competition (Hoffman & Hoffman, 1973); fulfilling parents’ social roles, providing emotional support, and contributing to the family economy and old age security (Wu & Penning, 2018). Experiencing the death of a child likely has far-reaching influence on the parents’ lives. Many US studies suggest that the loss of a child is a traumatic life experience that negatively impacts parents’ physical and psychological wellbeing (Greene et al., 2014; Rogers, Floyd, Seltzer, Greenberg, & Hong, 2008) and quality of life (Song, Floyd, Seltzer, Greenberg, & Hong, 2010). A longitudinal Danish study suggests that the experience of child death is associated with parents’ suicidal ideation (Qin & Mortensen, 2003). However, these effects differ by parents’ gender (Bratt, Stenström, & Rennemark, 2017), cause of child’s death (Floyd, Mailick Seltzer, Greenberg, & Song, 2013; Song et al., 2010), time since child’s death (Kristensen et al., 2012), and whether the parents have a subsequent child (Greene et al., 2014). The death of a child is also suggested to have both cohesion-fostering and detrimental effects on a couple’s relationship, depending on factors such as cause and type of death, child’s age at death, other surviving children, and pre-death marital relationship (Albuquerque, Pereira, & Narciso, 2016; Breen & O’Connor, 2011). However, most Western research has focused on the death of one child, regardless of the total number of children. In the Chinese context, under the one-child policy, many families have only one child, and only-child deaths in Chinese culture need study from a family perspective (Breen et al., 2019), reflecting culturally specific meanings and consequences.

First, in traditional Chinese culture, childlessness entails an unfulfilled duty to one’s ancestors (Zhang & Jia, 2018), a moral failing, and even a personal tragedy (Zhang & Liu, 2007), which results in social stigma toward childless couples (Qian & Knoester, 2015). Second, from a pragmatic perspective, children are the main source of support for parents in their old age, given inadequate social security in China (Zimmer & Kwong, 2003), and the only child bears great responsibility for the parents’ welfare (Deutsch, 2006). Third, the death of a child, especially when it results in the couple’s being childless, is regarded as the worst divine retribution, implying bad fortune, a curse, or an evil fate (Zheng & Lawson, 2015). Considering this cultural context, the loss of an only child in China is not only a huge emotional blow, but also leads to the loss of old-age security as well as social stigma or even social exclusion for *shidu* parents (Yin et al., 2018).

*Shidu* families have been widely reported on by the mass media (Fan, 2017; Zhang et al., 2013), but have received less scholarly attention. Previous qualitative and quantitative studies in China reveal that an only child’s death significantly impairs parents’ physical and mental health as well as their social life (Zheng et al., 2017), and drastically alters their social identity (Zheng & Lawson, 2015). However, existing studies mainly rely on data from a single city, such as Beijing or Shanghai (Li, 2013; Yin et al., 2018; Zhang & Jia, 2018), or online interviews (Zheng & Lawson, 2015; Zheng et al., 2017). Very few have covered samples from various regions using face-to-face interviews.

Grief research should consider the culturally specific contexts that shape individuals’ grieving processes (Neimeyer, 2012). This research investigates how *shidu*, a Chinese way of conceptualizing the death of an only child, influences the lives of now-bereaved parents and how they perceive and react to the loss of their child. We posed the following research questions: 1) In what ways does *shidu* influence the everyday lives of bereaved parents? 2) How do *shidu* parents perceive the adverse event of child loss and react to it? 3) What are the key challenges parents (may) face immediately after losing their child and in the near future afterward? These questions will help policymakers to understand the experiences, challenges, needs, and expectations of the *shidu* group, which will grow rapidly over the next decades as the one-child policy’s effects play out.

**Methodology**

**Research Participants**

The participants were parents over 49 years old, bereaved by the death of their only child. We excluded those who had experienced the death of an only child but subsequently had or adopted another child. We also excluded *shidu* families where the wife was under 49, which we regarded as the upper limit of a woman’s fertile age. The selection criteria reflect the Chinese official definition of *shidu* families (National Health Commission of the People’s Republic of China, 2007).

**Data Collection**

This study is part of a national research project on *shidu* parents, overseen by the second author. The research design and interview schedule were developed by both authors. We located 102 *shidu* parents from five cities in different provinces of China through our connections with gatekeepers of local informal *shidu* organizations. The research sites were chosen for convenience and for representativeness of *shidu* families with, on average, low (Shenyang), middle (Changsha and Tianjin), and high (Beijing and Wuhan) financial subsidies and social support for *shidu* families, as found in the fields. Data were collected by the second author (QH). Purposive sampling was used to contact 40 of the identified *shidu* parents, of whom 36 consented to take part (see Table 1). Semi-structured face-to-face interviews were used as these are the “gold standard” to collect data from vulnerable groups or on sensitive issues (Braun & Clarke, 2013).

<Table 1 around here>

Interviews were collected between August and December 2017, either in a quiet restaurant or at participants’ own homes, according to their preference. The following questions were asked: a) What do you do in a typical day after your child’s death? b) In what ways has your life changed since your child’s death? c) Can you describe your social interaction and social support at the moment? d) How do you perceive this life event of losing your only child? e) How do you cope with this life event? f) What are the difficulties and challenges you are facing? Through these questions, we aimed to understand the everyday living experiences of the bereaved parents, and their perceptions, challenges, and the support they needed. The interviews were conducted at the participants’ own pace. Appropriate pauses or topic changes were applied whenever participants seemed to experience any discomfort or uneasiness. Interviews lasted from 45 to 120 minutes, with a mean of 76 minutes.

**Data Analysis**

All interviews were conducted in Mandarin and were audio-recorded with participants’ consent. Audio data were transcribed into Chinese text by QH, supported by two trained undergraduate students majoring in sociology. After analysis, relevant quotes from participants were translated into English by the first author (NW) and cross-checked by another bilingual researcher. Each interview participant was given a pseudonym for confidentiality.

We conducted thematic analysis (Braun & Clarke, 2013) using NVivo 10. All transcripts were read several times by both researchers; initial coding was developed by NW and reviewed by QH. After analysis of the 29th interview, data saturation was achieved, as no new coding emerged. A codebook was generated based on analysis of these 29 interviews, modified by analysis of the remaining interviews. To guarantee the reliability and validity of the codebook, we then asked three other qualitative researchers for advice and cross-checking. Four final themes were confirmed after checking with 10 participants and after agreement between both researchers.

**Ethical Considerations and Reflexivity**

Child death is a sensitive topic for bereaved parents, especially in the Chinese context and even more so among *shidu* parents, who have become childless. Ethics approval was achieved from Guangdong University before conducting this research, and potential ethical issues were carefully considered. All research participants were given appropriate information about the research prior to the interviews, and no interview was conducted without obtaining the consent of the participant. In addition, we strictly implemented confidentiality measures during the research, which included safe data storage and anonymizing the data by removing and changing any information that could identify the participants (Braun & Clarke, 2013).

We considered the issue of “bracketing” (Ahern, 1999) during the data collection and analysis. QH has seven years’ research experience with *shidu* families, which facilitated data collection but may also have risked imposing her preconceptions on the data. To minimize bias, QH kept reflexive notes during fieldwork and regularly discussed potential influence on data collection with NW. To maintain neutrality, initial data analysis was conducted by NW, who had no direct contact with the participants.

**Results**

**Participant Information**

Participants were *shidu* parents from Beijing, Wuhan, Changsha, Tianjin and Shenyang. Just over half were male, and there was variability in ages. Participants had heterogeneous educational backgrounds, ranging from primary school education or below, to college education or higher. The majority were married and employed, but most did not have a pension for government or government-funded public institutions. Time since their child’s death ranged from less than 1 year to 10 years and over (see Table 2).

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Four main themes were identified by thematic analysis; they are reported below with subthemes.

## Impairment of Mental and Physical Health

### **Psychological trauma.** The death of an only child was a shock to all participants who were already beyond fertile age. Nearly all participants experienced different types and degrees of psychological trauma, expressed as depression, anxiety, low self-esteem, loneliness, helplessness, and proneness to suicide. One participant confided that:

Our only child was our world, our spiritual sustenance. After the child’s death, our world collapsed, and we lost our spirit. We feel guilty and [inferior](javascript:;) [to](javascript:;) [others](javascript:;) [because of *shidu*]. I’ve been missing my child for six years, but I can never live through the pain of loss. (BY, 61, female)

Thirty out of 36 participants frequently mentioned negative words like “anxiety,” “depression,” “upset,” “distraught,” and “suicidal tendencies” when talking about their feelings after loss. Thirty-five of them experienced insomnia and 8 relied on medication to get to sleep. The psychological trauma was described as non-reversible and long lasting, and not lessened by time. Many participants also reported feelings of inferiority due to the social stigma of child loss in China.

**Physical diseases.** Studies suggest that long-term exposure to depression and anxiety are risk factors for cardiovascular disease (Penninx, 2017) and other physical chronic diseases such as autoimmune diseases (Pryce & Fontana, 2016). We found that 32 participants developed new physical diseases within two or three years after their child’s death.

I had very good health before, and I nearly never got the flu. However, after the death of my child, I feel in low spirits all the time so that it ruins my health gradually. Now I’ve got a variety of diseases, such as heart problems and lumbar problems, and I have to bring the medicine with me all the time. (BC, 55, female)

Our observations were consistent with the interview data on this point. Most participants looked pale and exhausted, and many showed signs of premature aging. Because of their decreasing health status, many participants also had to rely on medication in daily life. High out-of-pocket health payments increased the financial burden amongst them, as many medications were not covered by their medical insurance.

## Weakening of Social Relations and Networks

### **Crisis of the couple’s relationship.** For many Chinese families, the couple relationship and the parent–child relationship are interdependent (Fei, 1998) and children are regarded as the emotional tie between spouses and the carrier of the parents’ mutual hope (Zheng, Shi, & Tang, 2005). In addition, children may serve as buffers to protect marriages from breaking down (Yao, Chan, & Chan, 2018). Thus, the death of the children implies the loss of family stability and the couple’ mutual hope for the future. Participants described a reduction in mutual communication and sometimes blamed each other for the child’s death. Six out of 36 participants had divorced because of the child’s death (another four had become widowed after the child’s death). In the marriages that were intact, some couples lived in separate rooms with little communication and some had separated.

We had a very good relationship and nearly never quarreled. After the death of our child, we were both in very low moods and always quarreled over trifles and even broke things…. He always blamed me as if the child’s death was my fault. We finally divorced when we could not bear each other anymore. Divorce is a relief for both of us, as he could marry a young woman and have a child again, while I do not have to feel so guilty all the time. (WL, 58, female)

Even though some couples stayed together as mutual support in the first one or two years after their children’s death, most participants reported that their relationships with their spouses had become estranged or even broken down by several years after the children’s death (with the exception of two participants who reported having a very close relationship with their spouses both before and after the children’s death). The reason for the crisis in the marriages is rooted deeply in Chinese culture, which holds that the parent–child relationship, rather than the relationship between the couple, is the mainstay of the family (Fei, 1998). The death of the only child resulted in parents losing their focus in life as well as their bond with each other. In addition, some husbands who yearned for descendants chose to divorce and started new marriages in order to have another child with a younger and still fertile woman.

### **Exit from the circle of relatives and friends.** A superstition in traditional Chinese culture holds that dying without descendants is the worst divine retribution, and shidu parents often experience social stigma, due to the belief that they are the carriers of bad fortune. The identity of being an “unlucky person” was internalized by many participants. Participants reported feeling self-abasement and tried to maintain their dignity by leaving their previous social networks.

I had a very close relative, and we got along with each other for 30 years. After the misfortune [death of my child], I stopped contact with him. He is a businessman, and I am an “unlucky person,” you know; it is a taboo for a businessmen to befriend someone like me. Besides, I won’t go to the weddings of friends and relatives, because I am afraid of transferring “bad luck” to them. In the long run, we became estranged. (XMF, 54, female)

In addition to these beliefs, participants had fewer common conversation topics with friends and relatives, as children were often their main concern.

We became estranged from friends and relatives after my child’s death. We do not know what to say in front of them. We are afraid to affect their mood when talking about our grief…. People at our age always talk about each other’s children, and the children’s marriage and childbearing, which will definitely hurt us. (YMZ, 58, male)

The identity of a “*shidu*-er” was described as being a barrier to parents’ social interaction. Most of these bereaved parents chose to withdraw from their existing social lives and became self-isolated. Some participants moved to live in other places and they provided three reasons to account for this phenomenon. First, participants moved away from their original social networks to avoid distressing memories. Second, participants moved to maintain their dignity and avoid being stigmatized. Third, they moved because they thought that no one could really understand their grief. They believed that moving from a familiar environment to a strange one would help them escape all these judgements, maintain their dignity, and allow them space to recall memories of their loved one.

### **Early exit from the workplace.** In China, holding a stable job is an important factor in maintaining people’s social lives and social networks. Shidu was a huge setback in many participants’ lives and reduced their motivation to continue employment and social participation.

After my child’s death, I had no mood to continue work. First, I could not control my sorrow and always did something wrong; second, I am afraid of people judging me or whatever. Then I applied for early retirement. After that, I cut off all the connections with my previous colleagues. Why keep in touch? We are different and I do not want to be discussed and judged…. (YYML, 59, female)

Most participants reported that they stopped working after the death of their children because of depression and loss of motivation, or that they cut ties with colleagues because they were afraid of being discussed or judged. This reduction of economic activity may place *shidu* parents in a more difficult financial situation in later life. In addition, due to withdrawing from their inner circles and their wider social networks, *shidu* parents became self-isolated and self-marginalized.

### **Confinement to a restricted social network.** In our study, 10 participants had become totally detached from their previous social networks, while the social networks of the other 26 participants suffered different levels of reduction. Some participants established their own support networks with people who shared “the same destiny.” All participants reported that they had joined the social media group of shidu organization, and on average each participant knew 30 group members through offline events. Similar sad memories and adverse life experiences brought these people together, and they provide mutual emotional support.

There are ten *shidu* families in our QQ group [social media] and we frequently meet with each other. Sometimes for playing poker, and sometimes for travelling. When someone gets ill, we visit him/her together. We are like families and relatives and really get along with each other. But at the same time, I always have distressed feelings here, as all members talk about their deceased children and the trauma they have been bearing. (LM, 57, female)

The interviews found that the *shidu* organization impacts the lives of *shidu* parents in two main ways. On the one hand, it can be seen as a quasi-family (Zhang & Jia, 2018), where members share similar life experiences and get emotional support. On the other hand, it is a narrow, closed social network that has little social interaction with the social mainstream; in this sense, the *shidu* parents might risk social isolation and social marginalization as they withdraw from normal social interaction.

## Loss of Meaning in Life

### **Lack of meaning.** Studies suggest that a child’s death can elicit a crisis of meaning for parents, and that the search for meaning plays a big role in grieving (Neimeyer, 2000). Most shidu parents reported loss of meaning and purpose in life after their child’s death, using terms such as “the walking dead,” “hopeless,” “meaningless,” and “valueless” to describe their experiences. As Chinese parents focus so intently on their children, the death of their only child abruptly changed these people’s goals and purposes in life.

I felt like it was the end of the world, and I am just like an empty shell as my heart has died with my child. I cannot help crying when I see my child’s stuff and I feel everything is meaningless since then. I feel I am the walking dead and have thought about suicide many times. (CYZY, 50, male)

I tried to get some distraction by travelling, but my mood was totally different. I felt as if I did not deserve to be happy because my child died so young and with such suffering. How could I still live happily? I feel so guilty to my deceased child! (XNDX, 54, female)

For these participants, losing an only child meant losing spiritual sustenance and even the right to happiness. Many participants did not allow themselves to be happy but continued to focus on the trauma, to help them maintain a connection with their deceased child. This emotional indulgence further impaired their mental health status.

**Turning to religion.** To find succor, some *shidu* parents turned to religion—especially mothers, who reported more time engaging in religious activities and growing in their (new) faith.

Every religion has its explanatory system, especially for life difficulties and death. Fatalism, Paradise, Elysium and Samsara all help people to explain death, reduce fear and accept the reality. These concepts are a comfort to me. My mind has changed a lot after becoming a Catholic. I try to live the moment and not be tangled in the meaning of life. (CY, female, 50)

I pray to the Buddha every day, and I am convinced that my daughter is still alive and beside me. She just came back from paradise and I feel so pleased. I go to the temple to fast every month and I feel peace in mind there; I also feel closer to my beloved daughter. (XXM, female, 64).

Religion functions in three main ways for theseparents: its doctrine brings them peace, it protects their link to their child, and it helps them regain courage and hope.

## Lack of Care and Security

In Chinese tradition, people’s old-age security is the responsibility of their children, especially the sons. In the concept of Confucian filial piety, the children are required to respect their parents and support them, as well as to arrange their parents’ funerals after their death. In the context of China’s one-child policy, the role of the only child is thus even more important for old-age support, and this is another concern for *shidu* parents.

### **Lack of financial, emotional, and instrumental support.** Social and medical welfare coverage is low and unequal in China; 37% of urban and 54% of rural older people’s main support is their family (Cai, Giles, O’Keefe, & Wang, 2012). Nearly all our participants had concerns about later-life care.

I am 62 years old this year and I nearly have no savings. I cannot work in old age and have no pension either. What I rely on is the subsidies from the government, but it is very minor—only several hundred yuan (equivalent to 70–80 dollars) per month. I do not have basic old-age security, not to mention emotional support. It is worlds apart from those who are surrounded by children and grandchildren. (WLS, 62, female)

Besides poor financial security and low emotional support, instrumental support (Langford, Bowsher, Maloney, & Lillis, 1997) was another challenge, especially in ill health.

Last month, my husband suddenly fainted. I felt so challenged because I needed to send him to the hospital and go through all the procedures myself. My health status is bad as well and I have presbyopia and cannot see the documents clearly. How I dream to still have my child beside us…. Anyway, we still have each other. But many bereaved parents get divorced or widowed and they are so helpless. (DD, 62, female)

Even healthy *shidu* parents were concerned with long-term care in later life:

If I live alone when I am older, no one will know if I fall down or have a crisis. So I have been looking for a care home in the past two years. There is generally a long queue to get access, and better care homes charge so much that I cannot afford them. Finally, I found one care home. But without the guarantee and signature of an immediate family member, I am not accepted. You know my only child died and who can do that for me? I seek help from the community and the Health Bureau, but they just passed the buck. No one will help me. (SJZD, 63, male).

During our interviews, when asked about their plans for later life, the words most frequently used by participants were “helpless,” “lonely,” and “miserable.” In China, the government’s long-term care strategy is “90-7-3,” which means that 90% of older people rely on informal care from family, 7% rely on services provided by community day care centers, and 3% enter a care home (Du & Wang, 2016). For *shidu* parents, receiving care at home from adult children is not feasible. However, it also seemed that for many participants, community support was not sufficient and care homes were not easy to access because of either high cost or the complex and rigid approval procedures, which require the guarantee of an immediate family member.

### **No one to claim the casket and arrange the funeral after death.** Burying one’s parents and arranging their funerals is an important part of filial piety in Confucianism. To many Chinese people, life and death are equally important. After the death of their parents, children are responsible for claiming the casket, arranging the funeral, and other death-related tasks. For the shidu parents, having no offspring to arrange their funeral was a distressing reality that they could not change.

I do not know how to [arrange my funeral in the future]. My siblings and their children are not responsible for this, let alone for paying the sky-high funeral bills. Our government does not have this kind of formal support. In short, we are those lonely people that have no one to support us no matter we are alive or dead. (LM, 66, female)

In Confucian culture, it is part of basic dignity to lay the dead to rest. However, cremation and funerals are regarded as the task of family members, and there is little state support for *shidu* parents’ deaths, which concerns them. Thus, the death of an only child not only damages *shidu* parents’ lives but also raises fears for after death.

# Discussion

Although the one-child policy was abolished in 2016, one of its social consequences—the phenomenon of *shidu*—is expected to increase in the next few decades. This study investigated the various ways *shidu* as a life event has affected bereaved parents in China, and how they have reacted. It also addressed the challenges *shidu* parents face and expect to face. This study provides an in-depth understanding of the life circumstances of an emerging vulnerable social group. It identifies *shidu* parents’ needs, to help policy-makers provide more targeted social policy support.

This research finds that *shidu* parents face four main types of loss in their lives: the impairment of psychological and physical health, the weakening of social networks and interactions, the loss of meaning in life, and the lack of care and security. Our findings are consistent with many previous studies on *shidu* families in China, which suggest that the loss of a child causes great physical and psychological impairment (Yin et al., 2018), and even suicidal tendencies (Li, 2013). *Shidu* is made worse for bereaved Chinese parents because of the cultural context of Confucianism and related attitudes to family (Zhang & Jia, 2018). However, our findings differ somewhat from another study, which shows a bifurcated effect of *shidu* on couples’ relationships and gives many examples of positive effects (Zhang & Jia, 2018); our study instead suggests that in the long run, *shidu* tends to have a negative effect on the couple’s relationship, particularly after the first two years. This is in line with Rogers et al. (2008)’s longitudinal study in the US, which suggested that even 18 years after the child’s death, bereaved parents experienced more marital disruption.

These different findings may result from different sampling and analysis methods. First, our results reflect both the short-term and long-term effects of *shidu*; second, our study covers samples from different cities of China, providing more diverse lived experiences. Zhang and Jia’s (2018) study was based only on interviews from Beijing, the capital city of China, where people have better-than-average education and social support, which may lead to different research outcomes (Zheng et al., 2005).

Although some findings are shared with previous *shidu* research in China, this study adds to the field by identifying three psychological phenomena of relevance. First is the concept of self-stigmatization. Because of the emphasis on the family and Confucian obligations in China, the public tend to regard “dying without descendants” as bad fortune or divine retribution. This social stigma was internalized by the *shidu* group, and greatly lowered their self-esteem and their courage to engage in social interaction, and consequently increased their chances of depression. Second is the concept of self-isolation*.* Withdrawing from friends, relatives, and colleagues and confining themselves to a small *shidu* network meant that participants were socially isolated. Intense social isolation may increase risk of suicide (Trout, 1980) and mortality (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015). The third contribution is to explaining persistent depression*.* Many *shidu* parents did not let themselves pursue happy lives because they thought constant sorrow was a way to stay close to their deceased child, and that to live happily was to betray the child. Such emotional indulgence is a negative metacognitive belief which may prevent *shidu* parents from adapting to their losses (Wenn, O’Connor, Breen, & Rees, 2019).

Based on our findings, we argue that social policy must address four aspects of loss amongst *shidu* parents: mental and physical health, social relations and networks, meaning in life, and care and security. First, health monitoring and mental health interventions should be provided for the *shidu* group, starting from the community level. Social workers and clinical psychologists trained in the issues affecting this group are needed to help *shidu* parents protect their mental health. Second, the government could help *shidu* parents rebuild family and social relations. For instance, adoption and in-vitro fertilization can be made available to *shidu* couples to help them rebuild their families. In terms of social relations, marriage counselling support should be offered to help couples find ways to communicate and understand each other, as qualitative research has found that sharing feelings through conversation with one’s partner is a key factor in parents’ grief resolution (Hooghe, Neimeyer, & Rober, 2011). Friends, relatives, and neighbors are additional sources of support, who can save the bereaved couple from “overloading” each other in their grief. Counselling support should help *shidu* parents abandon self-stigma and encourage them to seek support from their close networks (Hooghe, Neimeyer, & Rober, 2011). Third, as the quest for meaning plays a prominent role in grieving (Neimeyer, 2000), *shidu* parents will benefit from sense-making, benefit-finding, and identity change (Gillies & Neimeyer, 2006) to reconstruct meaning in their lives. Last but not least, social security should be improved for the *shidu* group. Medical insurance reimbursement rates should be improved, as most *shidu* parents have higher medical expenditure due to poor health. The situation is extremely difficult for *shidu* parents who have very little social security. Admissions to local care homes among the *shidu* group needs to be supported by the government; funeral service subsidies and support should also be available, particularly to support divorced or widowed *shidu* parents.

There are several limitations to this study. First, time and funding constraints prevented collection of longitudinal qualitative data to track changes in life experiences of each participant over time. Our data are instead mainly about *shidu* parents’ current or retrospective circumstances. Second, the 36 participants represent only those who were willing to participate, and we do not know the circumstances of other *shidu* parents. We also could not access each participant’s past medical records, and therefore we cannot disentangle the effects of aging from the influence of child death on their physical and psychological wellbeing. In addition, we did not interview individuals in the networks of the parents, such as their friends, relatives, or neighbors, whose perspectives would also be illustrative; therefore, the findings of this research give only a partial picture. We advise existing longitudinal datasets like the China Health and Retirement Longitudinal Study (CHARLS) and China Family Panel Studies (CFPS) to include a module for *shidu* parents, to make future longitudinal study of this social group possible, and suggest that future research in this area expand scope to incorporate other principals in the networks of *shidu* parents.

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Table 1. Sampling process.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***City*** | ***Potential participants*** | ***Contacted participants*** | ***Consenting participants*** | ***Response rate*** |
| Beijing | 13 | 5 | 5 | 100% |
| Wuhan | 26 | 11 | 10 | 91% |
| Changsha | 25 | 10 | 9 | 90% |
| Tianjin | 17 | 6 | 5 | 83.3% |
| Shenyang | 21 | 8 | 7 | 87.5% |
| Total | 102 | 40 | 36 | 90% |

Table 2. Characteristics of the participants.

|  |  |  |  |
| --- | --- | --- | --- |
| *Variable* | *Categories* | N | *%* |
| Place of residence | Beijing | 5 | 13.9 |
|  | Wuhan | 10 | 27.8 |
|  | Changsha | 9 | 25.0 |
|  | Tianjin | 5 | 13.9 |
|  | Shenyang | 7 | 19.4 |
| Gender | Male | 19 | 52.8 |
| Female | 17 | 47.2 |
| Age | 49–55 | 10 | 27.8 |
| 56–60 | 15 | 41.7 |
| 61+ | 11 | 30.5 |
| Educational attainment | Primary school and below | 6 | 16.7 |
| Junior high school | 12 | 33.3 |
| Senior high school | 14 | 38.9 |
| College and above | 4 | 11.1 |
| Marital status | Married | 26 | 72.2 |
| Divorced | 6 | 16.7 |
| Widowed | 4 | 11.1 |
| Employment status | In employment | 20 | 55.6 |
| Not in employment | 16 | 44.4 |
| Social insurance status | Have pension and medical insurance for government or government-funded public institutions | 11 | 30.6 |
| Do not have pension or medical insurance for government or government-funded public institutions | 25 | 69.4 |
| Time since child’s death | Less than 1 year | 5 | 13.9 |
| 1–3 years | 10 | 27.8 |
| 4–6 years | 7 | 19.4 |
| 7–9 years | 8 | 22.2 |
| 10 years and over | 6 | 16.7 |

Note: Pension and medical insurance are segmented between different occupations as well as urban and rural regions of China. Among these, pensions for people working in government or government-funded institutions are non-contributory pension schemes, fully subsidized by the government budget, while pensions for farmers and for people working in other sectors are not subsidized and are therefore much lower (Dong & Wang, 2014); similarly, the medical insurance for people working for the government and institutional units has the highest reimbursement rate. In our study, most participants from sectors other than the government and institutional units reported that their social security was very minor and could not meet their demands in later life. Therefore, here we differentiate pension and medical insurance into two categories based on previous working status.