

## Weaving Identities: Experiences of Bereavement among Chinese Immigrants in Calgary

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*The loss of a loved one is one of the most stressful events experienced by older adults or young children. Bereavement adjustment is more challenging for immigrants, due to social isolation and migratory stress. However, literature on this topic is sparse. To fill this gap, I adopted a phenomenological approach to explore the lived experiences of spousal bereavement among older Chinese immigrants living in Calgary. My own bereavement related to the loss of my father as a young child, and witnessing my mother's grief since then allowed me to reflect on my family's loss in relation to the experiences of participants. Also, our shared identity, as newcomers from China provided me with an insider's perspective of how immigration and Chinese cultural factors played an important role in participants' bereavement adjustment. This article includes research findings interwoven with my own grief experiences. With 12 in-depth interviews with older Chinese immigrants, we shared long-lasting grief, and expressed it in private, with certain rituals. Family and ethno-cultural communities were unable to directly help participants in coping with their spousal loss. Further, the migratory grief, as experienced by participants and myself, contributed to vulnerability to mental health issues. There is a need for culturally appropriate bereavement supports and family/community involvement.*

Key words: Chinese immigrant, older adult, bereavement, lived experiences, migratory grief

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About three years ago when I first arrived in Canada from my home in China, I had a conversation with a professor, also an immigrant from China. As we discussed our feelings concerning our respective families living in China and shared our common experiences of parental loss, I unexpectedly burst into tears. This was the first time I was introduced to the English term, bereavement. *Bereavement* refers to the state of and/or responses to losing a loved one (Zisook & Shear, 2009). I came from a bereaved family as my father passed away when I was seven years of age. Bereavement is like air in our small family even though my mother and I never acknowledge it directly. Spousal bereavement is one of the most stressful events that adults will experience (Holmes & Rahe, 1967), similar, in many ways, to parental loss for a young child (Lin, Sandler, Ayers, Wolchik, & Luecken, 2004). When I was young, I experienced

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the absence of fatherhood and kept the grief to myself, and I was never sensitive to my mother's experiences of bereavement.

Researchers have suggested that spousal bereavement in immigrants is further complicated by social isolation and migratory stress (Martin-Matthews, Tong, Rosenthal, & McDonald, 2013; Saito, 2013). In my social work practice with low-income older Chinese immigrants in Calgary, I bore witness to their social and economic marginalization and migratory stress. This research, on spousal bereavement among older Chinese immigrants, provided me with an opportunity to reflect on the grief experienced in my own family, both the spousal bereavement my mother has been through and the child bereavement that I have experienced.

These experiences kindled my interest and consequently, for my master's thesis I chose to examine spousal bereavement among 12 older Chinese immigrants in Calgary. Through this research I reflected upon the ways in which spousal grief, as expressed by my study participants, was interwoven with my family's loss. One of my research questions was: What are the lived experiences of widowed older Chinese immigrants in coping with their spousal bereavement? In this article, study findings from my master's thesis are woven together with my own experiences, creating a tapestry illustrating parental and spousal loss complicated by migratory grief.

### Literature Review

I conducted a systematic literature review of studies on bereavement published in the last 10 years. Forty articles focused on older adults in general. I categorized these articles into three themes: *Effects of Spousal Loss*, *Adjustment of Spousal Bereavement*, and *Long-term Consequences of Widowhood*. The themes highlight the breadth of research on spousal bereavement and widowhood among older adults. However, few studies focus specifically on immigrant older adults and older Chinese adults, suggesting that cautions are warranted in employing findings from this body of research. Only five studies specifically focused on older immigrants in Western countries. In terms of studies among older Chinese immigrants, one study quantitatively found that older widowed Chinese women were more likely to live alone, whereas widowed Chinese men were more likely to live with family (Nguyen & Shibusawa, 2013). A qualitative study explored the lived experiences among Chinese older women (Martin-Matthews et al., 2013), and highlighted the importance of supports from ethno-cultural communities.

Through this literature review I identified service barriers among Chinese older immigrants in terms of culture, language and ethnic differences from service providers (Dong, Bergren, & Chang, 2015; Lai & Chau, 2007). Older Chinese immigrants also reported feeling unwelcome and unwilling to use any professional supports even though they were in need of these supports (Lai & Chau, 2007). I also found that older immigrants had limited awareness of mental health services, and that there were low levels of awareness of professional mental health services among ethno-minority older adults, specifically among Chinese older adults (Sadavoy, Meier, & Ong, 2004). Further, the stigma and self-stigma of mental health issues in Chinese communities systematically would prevent Chinese from accessing professional mental health services (Kung, 2004; Li, Logan, Yee, & Ng, 1999; Sadavoy, Meier, & Ong, 2004).

### Methodology

The present study explored the experiences of bereavement among older Chinese immigrants in Calgary through descriptive phenomenology. Creswell (2009) suggested that a phenomenological study "describes the meaning for several individuals of their lived experience of a concept or a phenomenon" (p. 57). Based on Husserl's (1970) philosophical ideas, Lopez

and Willis (2004) identified the following three main tenets for descriptive phenomenology: 1) a person's consciousness is focused as an object of the study; 2) researcher's biases, including prior personal knowledge and lived reality, could be bracketed allowing the researcher to approach the phenomenon based purely on subjectivity of persons who have the experience; and 3) there are commonalities existing among persons who have the experience.

I conducted this study using descriptive phenomenology because I intended to answer "what" instead of "how" or "why". Namely, I am interested in understanding the meaning of a phenomenon (lived experiences of coping with spousal bereavement and widowhood) as it is understood by other subjects (older Chinese immigrants living in Calgary). Thus, descriptive phenomenology was chosen for this study as it allowed me to develop a description of this subjectivity (Davidsen, 2013). Thus, I focussed on older Chinese immigrants' lived experiences coping with spousal bereavement and widowhood based on what was shared by participants (Creswell, 2009).

## **Methods**

Twelve participants (three males, nine females) were recruited from various sectors, such as faith communities, ethno-cultural communities, service-providing organizations, and so on. Their ages ranged from 65 to 89, and the average age was 76. Semi-structured interviews conducted in Mandarin or Cantonese were audiotaped with participants' permission and were subsequently transcribed and translated into English.

I used Colaizzi's (1978) method for data analysis in descriptive phenomenology as summarized in seven steps by Wojnar and Swanson (2007): 1) reading and rereading descriptions (interview transcriptions); 2) extracting significant statements of the phenomenon; 3) formulating meanings from significant statements to illustrate contexts of the phenomenon; 4) categorizing into theme clusters and validating with original data; 5) integrating the findings into description of the phenomenon; 6) returning to some participants to ask how it compared with their experiences; and 7) incorporating any changes offered by the participants (if available) into the final description of the essence of the phenomenon.

This study received ethics approval from the Conjoint Faculties Research Ethics Board, University of Calgary.

## **Findings**

The study found that participants in my study had long-lasting grief, which was an average of 11 years. Individuals grieved in private since family and ethno-cultural communities did not provide direct support for spousal bereavement. However, family and ethno-cultural communities played an important role in their well-being. Also, most participants in the study did not access social services for bereavement support. There was a need for culturally appropriate services.

Quotations were labeled with the self-chosen pseudonym, gender, and age of the participants.

### **Long-Lasting Grief**

Participants in my study reported long-lasting grief, averaging some 11 years after spousal loss. In terms of long-lasting grief, Ying, a 73-year-old widowed woman, who lost her partner 15 years ago, articulated:

I don't lead a comfortable life by myself. Why? I am thinking of him, thinking of him... I think it is more horrible to the survivor than the deceased, because the survivor will think of the deceased all the time.

The long-lasting bereavement among participants could be explained by some researchers who suggested that in Chinese culture long-lasting bereavement could be interpreted as demonstrating respect for the deceased (Prigerson et al., 2009). My bereavement has also been long-lasting, casting a 19-year shadow over my life. Through my bereavement, I was also demonstrating respect to my father.

Participants' long-lasting grief was mediated through memories. As the two next interview excerpts from Ying and Lan Hua demonstrated, they shared memories of the deceased, their care-giving experiences, and their spouse's death and the funeral. As participants shared:

He was the one who does the cooking, I could not cook. When I was ill, and my back was so painful, he would feed me food. He has a good temper... When I was angry, and I would talk loudly. If I had worries, I would say them. He would go away. As soon as he came back, he said, "You won't be angry when I come back". We would be all right when he came back. (Ying, female, 73)

As long as we had eye contact he would understand what I mean. He is a person like that. He is a nice guy. We were all feeling very well, and the family was very harmonious. (Lan Hua, female, 65)

### Keep Grief Personal

Similarly, my mother occasionally mentioned my father: "Your dad is a very good guy and excellent at his job"; "I dreamt about your dad last night". I rarely talk about my father, since I do not want to reveal my own grief. Like my own family, study participants chose to *keep their grief private*.

According to traditional Chinese cultures, Chinese people do not talk about loss or death in order to avoid evoking bad luck (Yick & Gupta, 2002). However, opposite to the traditional cultures shared between me and participants towards loss or death, not only was I entering into a situation where I would be forced to think about my own bereavement, I would be asking older Chinese adults to reflect upon and share their experiences. It had been challenging to conduct this research. Once during recruitment in a Chinese senior centre, I was chastised by a woman who asked "Why you would like to recruit widowed seniors? Talking about the death is too sad and unlucky."

During my first interview, both the participant and I began to cry soon after the interview started and continued to weep until the interview concluded. Our tears arose from sadness but were more muddled. It may have been the first time sharing our bereavement to others without the complications of a previous relationship. In subsequent interviews, I came to understand that Chinese immigrants were both eager to talk about their grief related to spousal loss as well their need for mutual support. For me, it encouraged me to further my own healing.

In line with cultural principles, some participants practiced certain rituals to maintain a continuous bond with their deceased spouse (Jiang, 2005). San Gui, an 82-year-old widow, offered, "I wrote a letter to him every anniversary. I have written 10 letters in 10 years." So too for my family, every year since his death we visit my father's tomb and I have worn the jade that my father gave me since my birth, to keep him close.

Family and ethno-cultural communities played an important role in participants' well-being. They enjoyed instrumental support provided by the family, such as transportation, housing, and financial support. Also, participants relied almost exclusively on ethno-cultural communities, such as Chinese churches, the Chinese senior centre, and the Chinese senior apartment for social engagement. However, family or ethno-cultural communities were not a direct support for spousal bereavement since participants grieved in private instead of expressing their bereavement openly to their family or community members. As Ying, a 73 year old widow shared:

I will not let her [my daughter] know. Because if I am sad, my daughter will be very sad as well. I will not let her know... I don't want her to worry about me, I don't want my girl to feel stressful.

While conducting my research, I returned to China and asked my mother how she coped with her bereavement. She acknowledged that she had been diagnosed with depression several years after my father's death. Interestingly, facing my own bereavement, although it was difficult for me, it was not as challenging as knowing that I was not present to support my mother's bereavement.

### **Migratory Grief**

*Migratory grief*, caused by a symbolic loss, such as loss of a homeland, status, social environment, and cultural identity (Casado, Hong, & Harrington, 2010), played a central role in participants' narratives. Liang, an 89 year old widow articulated, "Most of time I watched TV shows from Hong Kong. Usually I played the shows repeatedly...I try to have some connection with Hong Kong, and I try to know what is happening in Hong Kong." Many participants shared difficulties in adaptation and social integration, post-migration. As a newcomer, the experiences of immigrating, adaptation, acculturation, and migratory grief are familiar to me. Post-migration, I experienced depression as a consequence of the challenges related to adaptation, academic pressure, and migratory grief. However, different from participants in this study, most of whom did not access to professional services to emotional health, I accessed counseling as part of my treatment for depression. The literature has identified barriers for older Chinese immigrants in accessing social services to mental health (Lai & Chau, 2007), and specifically in terms of bereavement support. My own experiences also helped me to understand how the migratory grief and migratory stress could result in complicated grief and vulnerability to mental health issues for older Chinese adults who experienced spousal loss.

### **Discussion**

Findings from my study, illustrating the grief experiences related to spousal loss, make a contribution to the extremely limited body of research on this topic specifically among older immigrants (Martin-Matthews et al., 2013). Because of their migratory experiences, Chinese older immigrants are vulnerable to mental health problems, such that scholars have suggested the need for extra attention and services involved (Casado & Leung, 2002; Lai, 2004). This vulnerability might also contribute to complicated spousal bereavement experiences and greater challenges to grief adjustment. Findings also suggested the need to develop culturally appropriate ways to involve families and communities in supporting bereavement adjustment of older Chinese immigrants.

## Conclusions

My ongoing bereavement caused by my parental loss led me to conduct a study on the lived experiences of spousal bereavement among widowed older Chinese immigrants living in Calgary. The study allowed me to reflect upon my own family's bereavement experience as interwoven with those of the older Chinese adults in my study. Participants shared their long-lasting grief and expressed it in private, with certain rituals. They hardly expressed their grief in front of family or community members. Also, migratory grief could contribute to more challenges to older Chinese immigrants in terms of mental health. Further research is necessary to explore lived experiences among older immigrants from an intersectionality perspective, where gender, immigrant background, age, and ethnicity have influenced these populations systematically. Culturally appropriate bereavement supports and family/community involvement are required, as a response to the extremely limited reliance on family and community, in providing direct support for spousal bereavement.

## References

- Casado, B. L., Hong, M., & Harrington, D. (2010). Measuring migratory grief and loss associated with the experience of immigration. *Research on Social Work Practice, 20*(6), 611–620.
- Casado, B. L., & Leung, P. (2002). Migratory grief and depression among elderly Chinese American immigrants. *Journal of Gerontological Social Work, 36*(1-2), 5–26.
- Colazzi, P. (1978). Psychological research as the phenomenologist views it. In R. Valle & M. Kings (Eds.), *Existential phenomenological alternative for psychology* (pp. 48–71). New York: Oxford University Press.
- Creswell, J. W. (2009). *Research design: qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, Calif.: Sage Publications.
- Davidson, A. S. (2013). Phenomenological approaches in psychology and health sciences. *Qualitative Research in Psychology, 10*(3), 318–339.
- Dong, X., Bergren, S. M., & Chang, E. S. (2015). Levels of acculturation of Chinese older adults in the greater Chicago area—The population study of Chinese elderly in Chicago. *Journal of the American Geriatrics Society, 63*(9), 1931–1937.
- Holmes, T. H., & Rahe, R. H. (1967). The social readjustment rating scale. *Journal of Psychosomatic Research, 11*(2), 213–218.
- Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology: An introduction to phenomenological philosophy*. Evanston, IL: Northwestern University Press.
- Jiang, X. (2005). From folk worship to psychoanalysis—the process of grief after loss. *Chinese Mental Health Journal, 19*(8), 569–571.
- Kung, W. W. (2004). Cultural and practical barriers to seeking mental health treatment for Chinese Americans. *Journal of Community Psychology, 32*(1), 27–43.
- Lai, D. W., & Chau, S. B. (2007). Effects of service barriers on health status of older Chinese immigrants in Canada. *Social Work, 52*(3), 261–269.

- Lai, D. W. (2004). Impact of culture on depressive symptoms of elderly Chinese immigrants. *The Canadian Journal of Psychiatry, 49*(12), 820–827.
- Li, P. L., Logan, S., Yee, L., & Ng, S. (1999). Barriers to meeting the mental health needs of the Chinese community. *Journal of Public Health, 21*(1), 74–80.
- Lin, K. K., Sandler, I. N., Ayers, T. S., Wolchik, S. A., & Luecken, L. J. (2004). Resilience in parentally bereaved children and adolescents seeking preventive services. *Journal of Clinical Child and Adolescent Psychology, 33*(4), 673–683.
- Lopez, K. A., & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research, 14*(5), 726–735.
- Martin-Matthews, A., Tong, C. E., Rosenthal, C. J., & McDonald, L. (2013). Ethno-cultural diversity in the experience of widowhood in later life: Chinese widows in Canada. *Journal of Aging Studies, 27*(4), 507–518.
- Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., Goodkin, K., ... & Bonanno, G. (2009). Prolonged grief disorder: Psychometric validation of criteria proposed for DSM-V and ICD-11. *PLoS Medicine, 6*(8), e1000121.
- Sadavoy, J., Meier, R., & Ong, A. Y. M. (2004). Barriers to access to mental health services for ethnic seniors: The Toronto study. *The Canadian Journal of Psychiatry, 49*(3), 192–199.
- Saito, C. (2013). Bereavement and meaning reconstruction among Japanese immigrant widows: Living with grief in a place of marginality and liminality in the United States. *Pastoral Psychology, 63*(1), 39–55.
- Wojnar, D. M., & Swanson, K. M. (2007). Phenomenology an exploration. *Journal of Holistic Nursing, 25*(3), 172–180.
- Yick, A. G., & Gupta, R. (2002). Chinese cultural dimensions of death, dying, and bereavement: Focus group findings. *Journal of Cultural Diversity, 9*(2), 32–42.
- Zisook, S., & Shear, K. (2009). Grief and bereavement: what psychiatrists need to know. *World Psychiatry, 8*(2), 67–74.