

The Effect of Filial Piety on Complex Grief

by

Oliver Wang

A Capstone submitted in partial fulfillment

of the requirements for the degree of

Master of Counselling (MC)

City University in Canada

Vancouver, BC

June 2024

APPROVED BY

Dawn Percher, M.A., R.C.C., Capstone Supervisor, Master of Counselling Faculty

Sonia Plewa, M.C., R.C.C., Faculty Reader, Master of Counselling Faculty

School of Health and Social Sciences

Abstract

This capstone project aims to provide the reader with a greater understanding of some of the unique mental health challenges affecting East Asian Immigrants (EAI). In particular, it aims to analyze the role of filial piety in causing and exacerbating complex grief. In exploring the relationship between filial piety and complex grief, this capstone will discuss traditional Chinese beliefs on filial piety, including elder caretaking and end of life rituals. This capstone will also examine current research and understandings of complicated grief as well as barriers resulting from immigration. Finally, this capstone will conclude with a set of recommendations designed to reduce risk of complicated grief for clinicians to utilize when working with EAI.

Keywords: Complicated Grief, Filial Piety, Self Concept, Self Discrepancy

Acknowledgement

I want to thank my father for sharing his experiences. For having the courage to talk about his grief so that I might be able to learn from his experiences and help other first-generation immigrants facing similar circumstances. Throughout all these years, no matter the hardship and even during moments of personal sorrow, you were the unwavering pillar that supported our family. We owe our current happiness to your strength.

I want to thank my partner for supporting me through my schooling. For believing in me and pushing me to write, even in times when I was close to giving up. For supporting us financially when I had to take time off work to focus on my writing. For always brightening my day. You were with me every step of the way and I owe to you, my success.

I want to thank all the previous generations of East Asian Immigrants who came before me, whose sacrifices have paved the way for all current and future generations in Canada. It is your sacrifices upon which our freedoms and rights have been built. I hope that in writing this capstone, I can also contribute towards this proud legacy.

Table of Contents

Abstract.....	2
Acknowledgement.....	3
Chapter One: Introduction	7
<i>Barriers to Mental Health Access.....</i>	<i>7</i>
<i>Personal Reflection</i>	<i>10</i>
<i>Significance of this study</i>	<i>12</i>
<i>Research Question.....</i>	<i>13</i>
<i>Roadmap For Exploration.....</i>	<i>13</i>
<i>Definition of Terms</i>	<i>15</i>
Chapter Two: Literature Review	17
<i>History of Filial Piety.....</i>	<i>17</i>
Parent-Child Interactions Pre One-Child Policy	19
Filial Piety Post One-Child Policy.....	20
Effect of Modernization on Filial Piety.....	21
Filial Piety Amongst East Asian Immigrants	23
<i>Complicated Grief.....</i>	25
Risk Factors	27
Complicated Grief and Guilt	28
Complicated Grief and Identity Disruptions	29

Cultural Differences in Complicated Grief Presentation.....	31
<i>End of Life, Funeral and Rituals</i>	32
Before Death.....	32
Funeral.....	33
Rituals and Complicated Grief	35
Substitution Rituals	38
<i>Immigration Barriers and Complicated Grief</i>	40
Geographic Barriers.....	40
Social Isolation	44
Cultural Barriers and Complicated Grief.....	45
<i>Unfilialness and Self-Discrepancy</i>	48
Actual/own vs. Ideal/Own	48
Actual/own vs. Ideal/Other.....	49
Actual/own vs. Ought/Own	49
Actual/own vs. Ought/Other.....	50
<i>Summary</i>	50
Chapter Three: Discussion and Recommendations	52
<i>Discussion</i>	52
Neuroticism	52
Identity Disruptions	53

Recommendations 54

Elder care 55

End of Life and Funeral 56

Post-Death 56

Stigma and Outreach 57

Concluding Reflection..... 58

References 62

Chapter One: Introduction

Despite having similar prevalences for mental health issues, East Asian Immigrants (EAI) are 40% less likely to seek out mental health treatment when compared to the Canadian average (Chiu et al., 2018). Considering that EAIs now make up over one-third of Vancouver's population (Statistics Canada, n.d.), it is highly likely that untreated mental health issues are more prevalent among East Asians than any other ethnic group. As such, simply from a utilitarian perspective, it should be considered an imperative for all mental health professionals working in Vancouver to enhance their understanding of EA (East Asian) cultures. By doing so, clinicians would be able to develop better practices for working with this demographic, thereby availing themselves to a wider number of potential clients and making a positive impact in the EAI community. To that end, this capstone aims to contribute to the mental health literature by investigating specific challenges faced by EAI within the context of grief and bereavement. To begin, chapter one will start by contextualizing the current state of EAI mental health access by examining specific barriers faced by this demographic.

Barriers to Mental Health Access

EAI encounter three main barriers to mental health access. According to the research of Wang et al. (2021), the first barrier involves technological literacy. Many EAI, particularly amongst the older generation, lack the technological and internet skills required to access important information concerning mental health support. For instance, a lack of technological know-how may prevent older EAI from utilizing resources such as: WebMD, crisis lines, support groups...etc. or even being aware of their existence. Without easy access to mental health resources online, EAI may find it more difficult to identify their own disorders, know when they ought to seek professional help or even seek out basic tools for symptom management.

Technological illiteracy may also have indirect effects on mental health by hindering EAI from establishing and/or maintaining social relationships. One of the biggest costs of immigration is often the loss of one's previous social networks. As a result, EAI may find themselves bereft of regular social contact or even having any social connections whatsoever in their new country. Furthermore, without the proper technological knowhow (i.e.: Bumble Friends, Meetup, Facebook...etc.) to forge new friendships, EAI may find it more difficult to replace lost connections and consequently, find themselves trapped in their loneliness and social isolation (Wang et al., 2020).

According to the literature, social isolation creates at least two adverse effects for mental health access. Firstly, having friends provides opportunities for assessment and feedback from others (Harandi et al., 2017). In the context of behaviors and cognitive functioning, it may be difficult to notice one's own impairments within either domain; especially if declines occur gradually. Thus, EAI who lack regular contact with a social network will likely miss out on these opportunities, thereby increasing the risk for their mental health issues to go unnoticed. Secondly, social networks provide opportunities for mental health information and resourcing (Harandi et al., 2017). For instance, friends can offer direct support through clinician referrals, transportation, advocacy, accompaniment to appointments...etc. thus reducing barriers to mental health access. Likewise, simply having a friend to consult on mental health matters can enhance our knowledge of available mental health supports and services, thereby serving a valuable indirect role in increasing mental health access.

The second barrier to mental health access is a lack of English proficiency. Studies have demonstrated strong correlations between lower English skills and depressive symptoms (Wang et al., 2021). This is likely due to one of two reasons. Firstly, a lack of English skills reinforces

social isolation by making it difficult for EAI to communicate with others and/or create social networks. As mentioned, increased social isolation in turn, may create deleterious effects on mental health access. Secondly, a lack of English skill may make visits to a mental health professional (who does not speak their language) a daunting and awkward prospect. According to the findings of Wang and Walsh (2020), EAI tend to feel unwelcomed by service providers with whom they share a language barrier. This is because communication difficulties may cause EAI to feel that mental health professionals do not understand their needs, culture, or some combination of the two.

Stigma represents the third barrier to mental health access. Historically, and to this day, there exists a high level of stigma and self-stigma against mental health treatment amongst EAI communities (Wang & Walsh, 2020). Amongst EAI, this is due to a widespread belief that mental health problems reflect personal flaws or are indicative of some other weakness in character (Yee et al., 2020). As a consequence, many EAI are discouraged from sharing problems outside of the family, as open admittance of such character flaws would not only bring shame upon oneself, but more significantly, it could also tarnish the reputation of one's entire family by association.

While specific beliefs may vary according to individual circumstance, mental health stigma as a whole has been tied to the degree of acculturation (Han & Pong, 2015). According to these authors, higher levels of assimilation amongst EAI have been found to predict more positive attitudes towards seeking professional help. This connection between East Asian culture and mental health stigma is further supported by the finding that EAI who immigrate at later ages, presumably with stronger East Asian beliefs, tend to also experience poorer psychological health (Kim & Silverstein, 2021).

Given the relationship between cultural beliefs and mental health stigma, a particularly pernicious circumstance may arise if East Asian cultural beliefs are themselves the cause of the mental health distress. For instance, if EAI believe that they are failing to fulfill their cultural obligations, they may experience intense feelings of shame or guilt, which can lead to significant mental distress (Berkson, 2021). However, barriers such as limited awareness, English proficiency and mental health stigma may prevent these individuals from seeking professional help. Instead, EAI may prefer to correct the source of their shame, possibly reflecting their cultural belief that shame serves as a motivating force guiding individuals toward their ideal selves (Berkson, 2021). While this approach may be effective under normal circumstances, such as studying harder to improve poor grades or working harder to provide more money for one's family, it becomes problematic when the source of shame cannot be resolved. This capstone focuses on a specific crisis situation: bereavement following the death of a loved one. In such cases, failure to meet one's cultural obligations may perpetuate an unending cycle of shame, simultaneously blocking access to necessary mental health support.

Personal Reflection

In the December of 2008, my Father received word that his mother had been diagnosed with stage four cancer. Despite her reassurances, my father had a gut instinct that his mother's situation was far more severe than she was letting on. In response to this shocking news, he made immediate plans to fly back to China to visit her. Unfortunately, on the date of his scheduled departure, a freak weather occurrence ended up grounding all outgoing flights for the entire week. And before he was able to rebook another flight home, his fears would be proven correct when my grandmother passed.

Several years passed before my Father was able to let go of his grief. Over the years, he would often find himself ruminating about his mother, about how he failed to uphold his responsibilities towards her and about how pointless immigrating to Canada ended up being. During this time, my father's mood spilled over to affect the family dynamic. He found himself resenting my Mother, whom he held responsible for the family's move to Canada and would frequently engage in verbal conflict with her over even the tiniest of provocations. He also found himself taking out his frustrations on his sons, physically and/or verbally abusing them for the tiniest of infractions. Most of all, he found himself utterly consumed by his guilt, which kept him stuck in an endless cycle of self-hatred, shame, and grief. This state of affairs continued four years, until 2012, when our family was once more able to afford a trip to China and my father was finally able to visit his mother's grave. Upon seeing the sight of his Mother's burial mound, my father fell to his knees and broke down in tears and apology. For the first time in years, he allowed himself to release the emotions which he had been holding back and allowed himself to take the first steps towards integrating his grief.

In his recollections over the years, my Father shared his belief that his guilt was the main obstacle to his inability to let go of his grief. Specifically, his guilt at being an unfilial son and not taking good care of his mother before she died. In Chinese culture, it is believed that: 'Fu Mu Zai, Bu Yuang You- 父母在，不远游,' (don't travel far when your parents are alive); children have a moral obligation to remain by their parent's side in their old age in order to caretake for them (Huang, 2001). In the four years before my Father was finally able to reunite with his Mother, he blamed himself countless times for not providing for her in her later years. All throughout his life, my grandmother had worked tirelessly in the fields, doing backbreaking labor to raise enough money to put my father through school. Throughout it all, she never asked

anything of my father, save for his happiness. Growing up, my father vowed to one day repay her sacrifices by providing her with a comfortable life upon her retirement. To achieve his dreams, my father worked hard in his studies and became the first in his village to enter university. However, despite graduating with a university degree, my father was unable to reach financial success in time. In order to preserve his marriage, my Father chose to sacrifice his career in China and follow my Mother to Canada. And together, they would spend the next decade restarting their careers and working towards financial stability. However, before my father was able to reach the point where he could have fulfilled his promise to his mother, she had already passed.

According to my Father, he failed in his promise repay his mother for all her care and sacrifice. Making matters worse, my Father was unable to even spending time with her or ease her suffering in her last moments, trapped as he was half a world away. Unable to take care of her in her lifetime. Unable to accompany her into her final moments. Unable to participate in her funeral and send her off into the afterlife. Most importantly, unable to even fulfill his mother's only wish for him- to live a life of ease and comfort in Canada, instead of the poverty he had been living in at the time of her death.

Significance of this study

My father's story is not a unique one. For over a century, Asian immigrants have immigrated to Canada to seek out opportunity and to better their family's fortunes, only to face unimaginable hardships in their new land. Perhaps the most difficult of these hardships involves having to leave one's family and friends behind in their origin country. But while all immigrants may face some version of this migratory loss, the added presence of Filial piety, a concept unique to East Asian culture, may create added mental health challenges.

In sharing my personal story, I would like to acknowledge my research biases in this subject area. Specifically, that this capstone is motivated largely by my desire to position my father's suffering as part of the larger cultural experience for EAI. If I can demonstrate the existence of a shared cultural phenomenon, I may be able to help normalize the experience of complicated grief amongst EAI. In doing so, my work may be able to help individuals like my father move away from seeing mental illness as borne of character deficits and instead, simply a maladaptive means of demonstrating their filial piety. In turn, my work may be able to help destigmatize mental health for EAI, at least in relation to the domains of grief and loss. Given the personal relevance of this topic, I have done my best to remain objective and aware of my personal biases throughout the research process, lest I allow my biases to contaminate the objectivity of my work.

Research Question

This capstone will be an attempt at examining the relationship between filial piety and complicated grief (CG). In doing so, it aims to answer the following questions. First, whether filial piety is a predictor of complicated grief. Second, what are the specific conditions or pathways through which filial piety can lead individuals to develop CG? Finally, how might mental health clinicians be able to use this understanding to help those suffering from CG as a result of filial piety.

Roadmap For Exploration

The next chapter will examine the current literature pertaining to Filial Piety and Complicated grief. While Filial Piety is found to some extent in all Confucian societies (i.e.: China, Japan, Korea, Vietnam...etc.), for simplicity, this capstone will limit the scope of exploration to Chinese culture. To that end, this capstone will begin by first exploring the

historical norms of filial piety and how it has evolved in past decades as a result of Chinese modernization. Given the sheer pace at which Chinese society has evolved since the 1980's, it is likely that EAI immigrating at different 'eras' of filial piety likely have differing views and practices of filial behavior. As such, such an approach is needed to fully understand and encapsulate filial norms amongst EAI

The second theme will examine current research on CG and its symptoms, with a specific focus on guilt and identity disruption, as these concepts are particularly relevant to the domain of filial piety. Theme three will discuss end of life, funeral obligations, and rituals within Chinese culture. Throughout history and continuing today, arranging one's parent's funeral remains a key duty under filial piety. This responsibility may pose challenges for adult children, as they must navigate the multitude of funeral rituals and customs throughout this process. In certain cases, funerals or rituals may be interrupted, which can profoundly impact the grieving process. This theme will explore the ramifications of such interruptions, as well as the effectiveness of substitution rituals.

Theme four will focus on specific barriers and obstacles EAI may encounter as a result of immigration. These barriers can impede their ability to perform filial obligations, creating adverse consequences for mental health and increasing risk for CG. This theme will also build upon the research introduced in chapter one by examining current shortcomings and gaps when treating CG in EAI. Chapter two will conclude with an introduction of self-discrepancy theory (SDT). According to SDT, acting against one's obligations and values may lead to negative affect and distress (Higgins, 1987). SDT provides a causal mechanism to explain why EAI may experience distress when they go against filial obligation and how this may increase risk for CG.

Chapter three will commence by synthesizing the concepts presented in chapter one and two and discuss specific pathways through which filial piety can lead to complicated grief. Following this analysis, chapter three will conclude with a set of recommendations for clinicians working with this demographic. These recommendations will explore ways in which clinicians can assist EAI in reducing self-discrepancies before, during and after the loss of a parent, with the intention of lowering risk for CG. By implementing these recommendations, clinicians may be able to improve the overall mental health of the EAI community, thereby fulfilling their responsibility to society, as outlined in Principle V: Responsibility to Society.

Definition of Terms

The following key terms will guide and support the reader in understanding the research topic.

Complicated Grief

Following a loss, most individuals are able to move past their initial pain and enter the integration phase of grief (Harris & Winokuer, 2019). However, approximately 10% of bereaved individuals continue to experience ongoing and debilitating grief; a stage known as Complicated Grief (CG). This concept will be explored in greater detail in Theme Two: Complicated Grief.

EAI

East Asian Immigrants refer to immigrants originating from East Asia. East Asian countries are commonly classified as including China, Mongolia, North Korea, South Korea, Japan and Taiwan (Dictionary.com, n.d.).

Filial Piety

Filial Piety refers to the set of Confucian doctrines that governs how young people should behave towards their elders (Zhang et al., 2020). This concept will be explored in greater detail in Theme One: Filial Piety.

Migratory Grief

Migratory Grief is defined as the distress associated with losses due to migration. When immigrants move to a new country, they may incur such losses including loss of physical places and things, personal relationships, identity, culture and more. Research indicates that such losses may have adverse consequences on one's affect as well as attachment (Casado et al., 2010).

Neuroticism

Neuroticism is one of the dimensions of the five-factor personality model and is characterized by chronic levels of emotional instability and psychological distress (American Psychological Association, 2024). Emotions which fall under this category involve: anger, anxiety, self-consciousness, irritability, emotional instability and depression (Widiger & Oltmanns, 2017).

Self Concept

The way in which one evaluates and describes themselves, including one's psychological and physical characteristics, qualities and skills. Self-Concepts contribute to an individual's sense of identity over time (American Psychological Association, 2024).

Self Discrepancy

An incongruity between various dimensions of one's self-concept. According to Self-discrepancy theory, individuals are likely to experience discomfort when they hold conflicting beliefs about themselves (Higgins, 1987).

Chapter Two: Literature Review

History of Filial Piety

The root of filial piety lies in ancestor worship. The first recorded instance of this practice dates to the Shang dynasty (1600 BC- 1045 BC), with their usage of Oracle Bones (Helle, 2017)¹. The early Chinese believed it necessary to appease their ancestors with appropriate sacrifices in order to receive guidance and good fortune (Bedford & Yeh, 2019). This tradition eventually came to govern family conduct, and over time, also shaped intergenerational dynamics. Rather than risk insulting elderly family members and receiving their ire upon their eventual ascension to ancestral realm, it was thus important for family members to pay elders their proper respect during everyday conduct (Helle, 2017). This notion of the younger generation having to paying respects to the elder generation is captured by the very character for Filial Piety ‘孝’ (xiao). In Chinese, the character of ‘孝’ is the unison of two other characters ‘老’ (Lao) and ‘子’ (Zi)’. Lao is the character for elderly, while Zi is the character for child. Put together, the character of ‘孝’ therefore indicates the hierarchical structure of the family, with the younger generation at the bottom, supporting the elderly at the top of the family (Li et al., 2021). Perhaps unsurprisingly, the first recorded instance of this character’s usage was also found on oracle bone inscriptions, lending credence to the idea that filial piety may have been fundamental to Chinese culture from its very inception (Li, 2019).

¹ Oracle Bones were bones (typically shoulder blades of animals or turtle shells) that were inscribed with questions and heated over fire until they cracked. These cracks were believed to represent ancestral guidance, and it was the job of the shaman to interpret them for answers (Helle, 2017).

In the 5th century, Confucius formally codified the concept of filial piety, and proceeded to use it as the cornerstone for his ‘five relationships’². Through the efforts of Confucius and his followers, filial piety and morality gradually became intertwined in Chinese society. Displays of filial piety were celebrated as exemplars of virtuous conduct across all levels of society, reflecting a deeply rooted ethical paradigm (Wang & Tian, 2023). By the time of the Han Dynasty (206 BCE- 220 CE), Confucian filial piety had become widespread throughout Chinese society and the Confucian virtues were accepted as the very basis for moral conduct (Wang & Tian, 2023).

Under Confucianism, parent-child interactions were motivated by both natural affection and the principle of (报 Bao), meaning reciprocity. Bao mandates that all helpful behaviors should be returned (Bedford & Yeh, 2019). Within a family context, affection and Bao are bi-directional between the generations. However, as children are believed to have incurred a fundamental and incalculable ‘debt’ to their parents for giving them the gift of life, they are obligated to spend the rest of their lives displaying filial piety as a means of repayment (Bedford & Yeh, 2019). This explains why children continue to care for their parents in old age as well as maintaining yearly respects to their ancestors posthumously. Over time, as these children grow to have families of their own and assume their rightful place as family elders, principles of filial piety are passed onto their own children, thus ensuring the continuation of this tradition. And in this way, the legacy of filial piety has been passed down generations of Chinese for thousands of years.

² The five relationships were a set of proper attitudes and behaviors which Confucius believed would ensure societal harmony (Tu, 1998). These relationships included: ruler-subject, father-son, husband-wife, old brother-younger brother, friend-friend.

Parent-Child Interactions Pre-One-Child Policy

To gain a basic understanding of filial piety, one must first examine the *Analects of Confucius*, a series of ancient philosophical texts containing the sayings and teachings of Confucius and his disciples. Within the context of parent-child interactions, the *Analects* prescribe five key obligations for filial children (Confucius, 2015, pp.2, 5, 6, 11, 16):

- To be filial within one's home and respectful of their elders when outside (p.2)
- To be filial towards one's parents in life, during burial, and in afterlife (p.5)
- To respect, honor, and serve one's parents (pg.6)
- To partake in sacrificial ceremonies and rituals to one's ancestors (pg.11)
- To not leave one's parents' side for distant lands while they still live (pg.16)

Under Confucian ethics, a filial child should therefore be respectful, obedient, and caring to their elders, making sure to serve them diligently throughout their lifetime and honoring them in death (Zhang et al., 2020). And for thousands of years, this is exactly what took place. To uphold the principle of respect, the younger generation respected their father's (or grandfather's) authority as the head of the family (Chan et al., 2012). To honor their ancestors, living relatives would maintain yearly rituals, taking care to observe the proper sacrifices and rites. And upon the death of one's parent, it was considered a sign of respect to conduct a mourning period of no less than 100 days, during which all forms of entertainment were forbidden (Qin & Xia, 2015).

Consistent with the ideal of obedience, it was common up until the 1980's for the Chinese to obey the wishes of their parents, even at the expense of personal happiness. The chief example of this was the fact that before the implementation of the 1980 marriage law³, it was customary for

³ According to the Article 2 of the 1980 Marriage law, the marriage system will henceforth be based on the free choice of partners. According to Article 3, Marriage upon arbitrary decision by any third party, mercenary marriage, and other interference in the freedom of marriage are prohibited. According to Article 4, Marriage

the parents to arrange the marriages of their children (Hare-Mustin, 1982). While further research would be needed to verify, it is likely that many parents would have prioritized qualities such as filialness and obedience to one's elders in selecting an ideal daughter-in-law to ensure continued care in old age. This notion is supported in part by the finding that filial obedience has only begun to decline in recent decades, coinciding with the passage of the 1982 marriage law (Chan et al., 2012).

Finally, with respect to the dimension of caring, it was traditionally the younger generation's duty to care for their parents in their old age (Zhang et al., 2020). At minimum, old age support involved providing direct financial aid and/or up to live-in support (Guo & Zhang, 2020). To better attend to their parents' needs, children were expected to maintain close proximity with their parents. In accordance with traditional Confucian ideals, it was therefore considered unfilial to abandon one's parents to immigrate abroad, especially if they had no other children who could caretake for them and no clear plan for family reunification (Li & Wu, 2022).

In summary, for thousands of years, the concept of filial piety clearly demarcated the roles and responsibilities for each member within a Chinese family. The younger generation would respect and obey their elders and in turn, eventually reap the rewards by imparting these traditions to their own children. This state of affairs would last until the introduction of the One Child Policy in the 1980's, marking the onset of China's modernization.

Filial Piety Post One-Child Policy

The One Child Policy (OCP) was introduced in 1980 by the Chinese Community Party to lower birth rates across the nation (Deutsch, 2006). Under this policy, most families were limited to the birth of a single child, with severe penalties imposed onto the parents of multiple children.

must be based on the complete willingness of the two partiesNeither party shall use compulsion and no third party is allowed to interfere (The Marriage Law of the People's Republic of China, 1980)

For the first time since antiquity, the fundamental structure of the Chinese family had shifted. (Yan, 2015). As a consequence of the OCP, most Chinese families began shifting towards a 4-2-1 family structure, with four grandparents, two parents and a sole child (Jiang, Q., & Sánchez-Barricarte, 2011). Shifting demographics also led to corresponding shifts in family hierarchy. As a consequence of the OCP, all the hopes and dreams of a Chinese family now rested onto a single child. Therefore, in order to maximize their offspring's chance for success, parents and grandparents would invest all their resources into their child (Deutsch, 2006). Whereas before, the elderly generation were at the center of the Chinese family, with their authority derived through the obedience of multiple filial children, henceforth, the Chinese family would now begin revolving around the child.

Effect of Modernization on Filial Piety

The One Child Policy, coupled with China's rapid modernization, dramatically reshaped societal norms, particularly in the domain of filial piety and individualism (Zhang et al., 2021). In the 1980's, the opening of China's economy to foreign investment resulted in an influx of both western ideals and capital, leading to the introduction of individualism an alternative ideological perspective (Leung, 2008). Nowhere did this have a greater immediate impact than in the domain of intimate relationships. Following the passing of the 1980 Second Marriage law, which forbade third party interference in marriage, the stage was set for the Chinese sexual revolution. For the first time since antiquity, young adults in China were given autonomy to choose their own partners based on love (Hare-Mustin, 1982). Inspired by Western ideals (spread through movies, novels, music...etc.), Chinese young adults were quick to adopt Western dating practices in place of arranged marriages (Yu et al., 2022). In less than a decade, young adults all across China began participating in dating, pre-marital sex, pre-marital cohabitation and

marrying out of love (Tang & Zuo, 2000). In doing so, the freedom to choose one's partner also led to an erosion of what had been up until recently, one of the biggest parental authorities; the right to choose their children's partner. This fundamentally altered the very essence of filial piety by diminishing the expectation of absolute obedience to parents.

The second effect of modernization was the rapid technological revolution it brought to China. In less than 40 years, China was transformed from a primarily agrarian society to its current iteration as the world's factory (Yao, 2014). The rapid pace of industrialization rendered the elder generation's knowledge and wisdom obsolete, as modern education, technology and urban opportunities took their place. Outdated wisdom was compounded by the rapid urbanization of China, which led millions of young workers to migrate away from the countryside towards the cities in search of better employment opportunities (Gui et al., 2012). Bereft of children to attend to their needs and equipped with outdated knowledge, modernization has contributed to a decline in the authority and status of the elderly, leading to a corresponding shift in the practice of filial piety.

Modern Understanding of Filial Piety. The concept of filial piety, traditionally centered around obedience, respect, and care for one's elders, has transformed in decent decades as a result of China's modernization. In contrast to previous generations in Chinese history, blind obedience towards one's parents has significantly diminished among the younger generation (Yue & Ng, 1999). As discussed, this can be attributed to moving away from arranged marriages, urban migration, and the 4-2-1 family structure, all of which have undermined the traditional authority and power of the elderly. In contemporary China, adult children prefer to work collaboratively with their parents, weighing their own interests alongside those of their parents. For example, when planning for end-of-life care, parents, and children both weigh in during the

decision-making process and children regularly share their concerns and difficulties with elderly parents, rather than merely obeying their parent's wishes in their entirety (Chan et al., 2012).

Despite these changes, the current consensus suggests that the dimensions of respect and care continue to define parent-child relationships (Zhang et al., 2021). For instance, while adult children have the freedom to pick and choose their own partners, only a third of males and one fifth of females would be willing to marry without parent approval, suggesting that while blind obedience to one's parents may no longer be the norm, respect for one's parents still compels adult children to honor their wishes regardless. (Blair & Madigan, 2019). Likewise, research indicates that the care dimension is also largely unchanged in modern China. As will be elaborated in more detail in the section [Elder Care](#), the majority of Chinese parents still expect and continue to receive financial assistance from their children in old age (Guo & Zhang, 2020).

Filial Piety Amongst East Asian Immigrants

Of particular interest to this capstone is how attitudes of filial piety vary amongst East Asian Immigrants (EAI). Research highlights two main themes. First, akin to their counterparts in China, a stronger sense of filial piety correlates with enhanced caretaking and support for elderly parents (Liu et al., 2020). Complimenting this, a cohort study on Chinese immigrants in the US found that filial piety remained a top priority in spite of acculturation forces (Guo et al., 2020).

The second theme reveals that while older immigrants value filial piety at similar levels as their Chinese counterparts, they tend to place less expectations of their children to fulfill these duties (Cheung et al., 2022). According to the authors, older immigrants tended to believe that as the world was changing at such rapid paces, traditional norms were now outdated and no longer applied to the present situation (Zhang, 2022).

Overall, the research indicates that while filial piety remains a key priority for EAI across generations, the parents of second-generation immigrants may have less expectations on children to fulfill traditional filial obligations (Cheung et al., 2022).

Elder Care. Despite recent shifts in filial piety, elder support remains a crucial aspect of family life in China (Zhang et al., 2020). While support is somewhat influenced by gender- with greater expectations placed onto the sons in cases of multiple children- all children, regardless of gender, are expected to provide financial aid (Guo & Zhang, 2020). The extent of elder support correlates positively with filial piety; the stronger the adherence to filial norms, the more support elderly parents receive (Lin & Yi, 2013).

Modernization has significantly impacted traditional family structures, yet elder care still remains a top priority. The rapid pace of modernization in China has led to the mass migration of millions of young people. This, coupled with the one-child policy, has caused many elderly in rural communities to be bereft of traditional family support (Krings et al., 2022). In response to emerging gaps in elder care, Chinese government launched two key initiatives. First, it introduced the Elder Rights and Protection Law in 1996, mandating that adult children be legal responsible for the caregiving of their parents. Second, by reinforcing the importance of filial piety via popular culture and propaganda (Brady, 2012). As a result, the combination of traditional ethics, legal enforcement and propaganda has caused adult children to not only feel obligated to take care of their elders, but also to do so themselves as part of their filial responsibility. This approach is a contributing factor to why a mere 3% of Chinese elderly reside in nursing homes while over 90% are supported by family (Brady, 2012)⁴. Likewise, this also explains the finding that when adult children are forced to rely on institutional care, many come

⁴ 7% of Chinese elderly receive community care (Brady, 2012)

to experience self-blame, social ostracism, internal shame, regret as well as a sense of displeasure from one's ancestors (Canda, 2013; Chan et al., 2012). Overall, the research suggests that while filial piety has changed in modern China, it continues to exert a powerful influence over behavior, particularly in elder care, thus maintaining its significance in modern Chinese society.

Complicated Grief

This section delves into the nature of Complicated Grief (CG), how it differs from 'normal⁵' grief, outlining its risk factors, and examining two prominent symptoms: guilt and identity disruption. Additionally, it will explore cultural differences in the presentation of CG.

Grief is a natural process which is commonly experienced following the death of a loved one. While grief can take many forms, common symptoms include depression, anxiety, anger, sleep disturbances and physiological changes (Katherine, 2015). In most cases, acute symptoms of grief will fade within a year from death, allowing individuals to move forward with their lives (Stefano et al., 2021). However, in 10-20% of cases, grief will evolve into a state known as complicated grief (CG) or prolonged grief. According to the DSM-5-TR (American Psychiatric Association, 2022), CG is defined as a state of intense longing or preoccupation about the person who has died. To qualify for a diagnosis of CG, symptoms must persist for over one year in adults and for at least six months for children and adolescents. Additionally, the bereaved individual must exhibit at least three of the following symptoms (APA, 2022, p.323):

- Identity disruption, such as feeling as though part of oneself has died.
- Marked sense of disbelief about the death.

⁵ Normal grief here is used to refer to nonpathological grief. The usage of quotations is to reflect that grief of any kind is an experience unique to each individual and should not be trivialized in any way, simply because it is not prolonged.

- Avoidance of reminders that the person is dead.
- Intense emotional pain, including feelings of anger, bitterness, or sorrow related to the death.
- Difficulty with reintegration, such as challenges in engaging with friends, pursuing interests, or planning for the future.
- Emotional numbness, characterized by an absence or marked reduction of emotional experiences.
- A sense of meaninglessness in life.
- Intense loneliness, often feeling alone or detached from others.

In contrast to ‘normal’ grief, CG differentiates itself mainly across the duration at which it persists as well as its overall impact on an individual’s quality of life (APA, 2022, p.323). For instance, it is not uncommon for individuals suffering from CG to report acute emotional distress even years after the death has occurred (Boelen, 2016). In comparison to normal grief, where the initial pain of loss is eventually integrated into the mourner’s daily living and lessened, individuals experiencing CG are prevented from reaching the integration stage (Shear & Shair, 2005). Rather, emotional distress may be maintained for years on end, as a result of some combination of maladaptive thinking, behaviors, or lack of emotional regulation (Glickman et al., 2017). Over time, this lack of integration as a result of CG can lead to additional secondary symptoms. For instance, CG may lead to health issues and physiological changes such as increased heart rate, high blood pressure, immune system decline, cancer...etc. (Katherin, 2015). The culmination of these factors may mean that individuals suffering from CG may effectively lose several years of their lives. The concept of ‘years lived with disability (YLD)’, poignantly captures the essence of CG’s impact, marking the distinction between living fully and merely

surviving with mental illness (Kim et al., 2021). This analysis reveals the profound tragedy of CG: the potential loss of not only one life due to death, but also a second due to the encompassing shadow of unresolved grief.

Risk Factors

Neuroticism, defined as one of the five major dimensions of personality, is characterized by a tendency towards emotional instability, anxiety, moodiness, irritability, and sadness (APA, 2024). Research highlights a significant correlation between neuroticism, including factors leading to its increase and to the risk of developing CG (Goetter et al., 2019). Following a loss, individuals with high levels of neuroticism tend to exhibit increased sensitivity and greater negative emotionality (Goetter et al., 2019). This heightened reactivity not only exacerbates the grieving process but also sets a foundation for the prolonged suffering associated with CG.

Under this framework, any factors that elevate neuroticism in individuals prior to the loss are also likely to be risk factors for the development of CG. This is supported by the finding that prior diagnoses of mental health disorders, financial hardship and limited education were all found to lead to CG (Boelen, 2016). Similarly, individuals with ongoing substance abuse or who have experienced depression whilst caregiving for the deceased (prior to their death) were also found to be at greater risk for CG (Katherine, 2015).

Post-loss conditions that perpetuate or increase neuroticism also add risk for developing CG. This may include undergoing a loss whilst having inadequate social support, major financial issues or ongoing conflicts with close friends or relatives (Katherine, 2015). Notably, immigrants and refugees, who often face substantial social and economic challenges, are especially susceptible to CG, likely due to having inadequate social support (Kossingan et al., 2020).

Finally, collectivism and its ingrained values may also increase likelihood of developing CG. In collectivistic cultures, individuals often experience a deep interconnectedness with close others, leading to a merging of identities (Eyetssemitan, 2022). As such, this can make it more difficult for mourners to untangle their identities from that of the deceased following a loss (Eyetssemitan, 2022). As identity disruption is one of the key symptoms of CG, individuals with a collectivist value system may be at greater risk of CG. This concept will be explored in greater depth later in the chapter.

Complicated Grief and Guilt

Amongst all negative emotions associated with neuroticism, guilt is particularly likely to increase risk for both the development and persistence of CG. Guilt, in the context of grief, manifests itself in a variety of forms, with common examples ranging from feeling guilty for not doing more to prevent the death, feeling guilty for surviving the death to feeling guilty for not having done enough for the deceased while they were still living. Such sentiments not only intensify initial grief but also lead to slower reductions of CG symptomology over time (Li et al., 2019; Joa & Newberg, 2023). A less common example of guilt may arise when individuals fail to fulfill familial obligations around the time of a loved one's death. In a study on Iranian immigrants, it was found that not being present with the deceased in their final days evoked feelings of 'moral failings' in participants (Saramo et al., 2019). While the researchers did not conduct follow up tests for CG, it was noted by researchers at the time of the study, that these 'moral failings' had increased feelings of regret, increased feelings of emotional pain and made it more difficult to accept the loss; all of which are criteria for CG (Saramo et al., 2019).

Moreover, guilt often perpetuates CG by leading individuals to avoid reminders of their loss, a behavior noted in DSM-5-TR as a characteristic of CG (APA, 2022). One explanation of

this is that guilt may act as a defense mechanism to protect bereavers against the pain of loss. For instance, in one clinical case study, a client became enmeshed in feelings of guilt whenever she began thinking about her loss (Butler & Northcut, 2013). More specifically, the client would experience personal feelings of responsibility whenever she began thinking about the death, causing her to feel overwhelmed and preventing further thoughts about the reality of her loss. Using Cognitive Behavioral Therapy (CBT), the authors were able to assist the client in reprocessing her feelings of guilt, thereby enabling her to confront her grief directly and begin the first steps towards integration (Butler & Northcut, 2013). In this way, while the literature does not yet support guilt as a necessary condition for CG, the presence of guilt may impede successful integration of grief by fostering maladaptive thoughts and dysfunctional behaviors (Li et al., 2019), thereby increasing the overall risk of its development.

Complicated Grief and Identity Disruptions

Experiencing CG can cause markedly and persistently unstable self-concepts, leading to what is termed identity disruptions (APA, 2022). Individuals experiencing identity disruptions often report feeling as though a part of themselves has died with the deceased, highlighting a deep interconnection between the bereaved and their loved one (Bellet et al., 2020). The Cognitive Attachment Model (CAM) sheds light on this phenomenon. Following a loss, grief will predispose individuals into recalling memories featuring the deceased more frequently (Harris et al., 2023). This becomes problematic for individuals whose identities were deeply integrated with the deceased. According to the CAM, integration also causes a greater proportion of one's autobiographical memories to feature the deceased (Bellet et al., 2020). Given that autobiographical memories are integral to both the construction and retrieval of self concepts, disruption to one's autobiographical memories are likely to lead to impairments in one's identity

as a whole (Charlesworth et al., 2016). As such, recall of these memories, rather than reinforcing a sense of self, will now evoke profound pain and loss for individuals with more integrated identities. This paradox explains why individuals with deeply interlinked identities experience more pronounced identity disruptions; their grief intensifies the focus on memories which now fragment, rather than consolidate their sense of self (Bellet et al., 2020). As such, from the perspective of this theory, individuals wanting to move forwards with integrating their grief would need to reorganize their self-concepts to incorporate the reality of their loss while also developing goals, roles, social attachments independent from the deceased in order to reconstruct a cohesive self-identity (Bellet et al., 2020).

Identity disruptions following death may also result from secondary losses. According to Social Identity Theory (SIT), our identity is at least partly related to our group (or collective) identities (Davis et al., 2019). For instance, we may come to identify who we are as individuals by our religious affiliation, weekly sport activities, social groups...etc. Following the loss of a loved one, it is common for individuals to shut off entire domains of one's life (Bellet et al., 2020). For some, this may stem from their loved one having been their link to these social activities, making it difficult to participate alone. For others, familiar activities may remind them of their loss and simply be too painful to return to (Baker et al., 2016). In any case, should the loss of a loved one also led to avoidance of activities and social groups, one may also risk loss of their collective identity, thus exacerbating identity confusion and keeping the individual stuck in CG (Katherine, 2015). This is supported by the related finding that individuals with CG often exhibit reduced declines in self-complexity after their loss (Bellet et al., 2020).

Cultural Differences in Complicated Grief Presentation

Culture significantly influences the trajectory and expression of Complicated Grief. In a cross-cultural study comparing CG amongst Chinese and Swedish parents, researchers discovered notable differences in patterns of grief symptomology. Chinese participants reported higher levels of loneliness, emptiness, and numbness in comparison to Swedish counterparts, indicating cultural variances in grief experience (Tang et al., 2021). These findings were corroborated in a similar comparative study, which found that Chinese individuals often experience greater grief symptoms of separation-related distress, whereas Western participants tended to express greater levels of trauma-related distress and grief hallucinations (Xiu et al., 2016).

These differences have been linked to the distinct social group identities inherent in individualistic vs. collectivistic cultures. More specifically, past research has found that being higher in individualism leads one to provide more specific autobiographical memories in order to enhance their autonomous self (Wang & Conway, 2004). This may explain why Swiss participants, being higher in individualism, reported higher proportions of specific loss memory as well as more intensive preoccupations with images and thoughts of the deceased (Xiu et al., 2017).

In contrast, collectivism is characterized by interdependence and group identity. Individuals from collectivistic societies define themselves through their relationships and group memberships ("Culture Points: Individualism and Collectivism," n.d.). This may help to explain why following the loss of a child, Chinese parents in this study reported feeling as though life itself was empty and meaningless (Xiu et al., 2017). In this case, collectivism likely led participants to see parenthood as being an integral part of their own sense of self. If so, per the

CAM, the loss of a child likely caused a greater degree of identity confusion and separation distress for collectivistic individuals.

Overall, it would appear that symptoms of CG may differ across cultures. Individuals from individualistic backgrounds tend to report greater traumatic distress and specific loss memories. In contrast, individuals from collectivistic backgrounds experience greater separation distress following a loss, which may help to explain higher comorbidities of depression and anxiety. Due to variations in symptomology, clinicians should account for the influence of culture when working with CG. This point will be elaborated at greater detail in the section [Cultural Barriers and Complicated Grief](#).

End of Life, Funeral and Rituals

This section explores death and dying in the Chinese cultural context, beginning with an examination of end-of-life care, paying particular focus on filial obligations. It then covers Chinese funeral customs, including religious beliefs and rituals. Finally, it discusses death rituals, their functions, and how they may serve as a protective factor against complicated grief (CG).

Before Death

Chinese funeral preparations are a collaborative process between the elderly and their children, often beginning years or even decades in advance (Chan and Yau, 2010). Common components of this process include: the hiring of a Fengshui master to determine the optimal burial site (Chen et al., 2017), the preparation of funeral clothing for the deceased and the purchasing of a coffin (Whyke et al., 2021). The mourning period begins upon receiving news of end of life (i.e.: terminal diagnosis), at which point the closest relatives travel and pay their respects (Whyke et al., 2021).

Filial Obligations. According to Confucian belief, there is a transition phase before one is able to enter the afterlife (Whyke et al., 2021). During this time, the spirit of the deceased is believed to be observing the funeral process. As such, it is customary to honor the spirit with three days of visitation before the burial, as a way of accompanying the spirit until they are ready to move on (Whyke et al., 2021). This process is known as Shou Ye (守夜) and is considered a key filial responsibility in Chinese culture.

Once Shou Ye has been completed, the children of the deceased (or closest relatives if they are childless) are responsible for arranging the funeral proceedings in accordance with their parent's last wishes in life. For instance, most Chinese funerals will involve the hiring of either a Taoist priest or Buddhist monk (dependent on the deceased's religious beliefs) to pray for the deceased. Prayers are believed to ward off evil spirits, soothe any lingering resentments and help lift the soul of the deceased into the afterlife (Chen et al., 2017). In keeping with traditional Chinese belief, should the deceased be unhappy with any part of their funeral, lingering resentments could be passed onto the living family via bad luck (Tham, 1985). As such, for many children, especially eldest sons (who are primarily responsible for funeral arrangements), the funeral process may be quite stressful, given their enormous responsibility of upholding their parent's dignity and their own filial obligations throughout their funeral (Kokou-Kpolou et al., 2020).

Funeral

Once the visitation period has ended, the deceased is prepared for burial. Before the deceased is placed into their coffin, the children will wash their parent's body for the last time and dress them into specially prepared funeral garments (Whyke et al., 2021). A procession is then led to the gravesite by the deceased's eldest son or grandson, who carries a portrait of their

parent/grandparent alongside an incense holder, with other family and friends following close behind (Dignity Memorial, 2021). To demonstrate filial piety in public, it is customary for women in the family to wear mourning flowers in their hair, with colors signaling their relationship with the deceased, while sons will wear a black armband (Dignity Memorial, 2021). Additionally, children of the deceased may choose to engage in ritualized or exaggerated mourning behaviors in front of their guests as a display of filialness. This may involve loud wailing, tears and kowtowing in front of the casket. Such behaviors are believed to provide the deceased with Mian Zi (面子) or “face”, through the public recognition of their importance to the living family (Chen, 2023). After everyone has had their chance to pay respects to the deceased, the casket is sealed and lowered into the ground. To mark the end of the funeral, guests are presented with candy or coins for good luck. Following the end of the funeral procession, it is customary for close family members to hold a traditional mourning period of 49 days, during which they refrain from celebrations of any kind (Zhang and Jia, 2018). During the first week of each April, Chinese people celebrate Qing Ming Jie (清明节) or grave sweeping festival, during which it is traditional for people to eat cold foods, sweep the graves of the deceased, offer sacrifices, burn joss, add fresh earth to the tomb and kowtow to pay continued respects to the deceased (Xu et al., 2018). By doing so, they reaffirm both their connection to their ancestors as well as demonstrate their filial piety as descendants.

Chinese Rituals. Rituals can be defined as socially stipulated conventions that involve predefined sequences of behaviors (Legare & Nielsen, 2020). According to Wojtkowiak et al. (2020), rituals tend to involve four common characteristics: they follow a certain structure, they need to be performed in specific ways, they are embodied actions, and they differ from the ordinary use of language, action, and objects. By these definitions, we can see that the Chinese

funeral involves not one, but many ritualistic elements. In addition to the ones described above, two of the more important rituals involve completing an ancestral tablet as well as the burning of joss.

The ancestral tablet is a placard carrying the names and lifespan dates of the deceased (Whyke et al., 2021). During the funeral ceremony, the ancestral tablet is inscribed with the details of the deceased and arranged in the correct order amongst previous generations. It is believed that upon completion of the funeral, the spirits of the ancestors will reside in three locations henceforth: their grave site, the afterworld and within the tablet (Whyke et al., 2021). Following the funeral, the ancestral tablet is arranged in a position of honor in the homes of Chinese families with incense and fruits offered periodically.

Traditional Chinese belief holds that spirits of the deceased can take material sacrifices with them upon entering the afterlife (Whyke et al., 2021). As such, it became customary for the bereaved to sacrifice Joss (paper money), incense and food throughout the funeral in a way of ensuring that their loved ones will be comfortable in their afterlife (Dignity Memorial, 2021). In recent decades, sacrifices may also include modern comfort such as replicas of iPhones, LV bags, Porsches and even villas (Sim, 2014).

Rituals and Complicated Grief

Funeral Rituals are not a uniquely Chinese phenomenon; they are commonplace to many other cultures. From the keening laments in Ireland (Laughlin, 2019), to purification handwashing in Africa (Baloyi, 2014), rituals play important roles in both the funeral and grieving process. Indeed, research has indicated that rituals may serve as a protective factor against complicated grief (Barnhill, 2011). As such, to enhance our understanding of how rituals

aid in processing grief, this section will begin by analyzing the functions that these practices serve in different cultural contexts.

Grief Processing. Following the loss of a loved one, survivors are left with the arduous task of making sense of a world where their loved one is no longer present. As previously discussed, this is no simple task, for a substantial number of people with CG may feel as if life itself no longer has meaning or purpose (APA, 2022). Perhaps unsurprisingly, those who were able to find meaning after a loss (i.e.: becoming more compassionate, deepening spirituality...etc.) were better able to process their grief and move forward with their lives (Barnhill, 2011). One way in which people can find meaning after a loss is through engaging in rituals. This is partly due to the fact that several characteristics of rituals may lend themselves particularly effective in grief processing and meaning construction.

First, rituals afford a controlled environment whereby participants can work through their emotions. For instance, rituals are time limited, have a clear beginning and ending and take place in a symbolic reality (thereby providing some emotional distance to the actual experience). All of these factors serve to create a safe environment for participants to let go of their defenses and begin to experience their grief (Wojtkowiak, 2021).

Second, rituals may afford the bereaved with different mediums to express their grief. Following a loss, individuals often report feeling ‘stuck’, as they are unable to fully integrate their grief. By making use of symbols or objects to represent the deceased (i.e.: ancestral shrine) as well as symbolic actions (i.e.: burning joss), rituals allow the chaos of grief to be channeled into actionable steps (Wojtkowiak, 2021). In doing so, rituals help with the expression and processing of emotion.

Third, rituals may help the bereaved with integrating or transforming their grief (Scott, 2009). One of the symptoms of CG is the inability for individuals to accept the reality of their loss (APA, 2022). Such individuals may find themselves stuck between the world as it is and the world as it should be (Scott, 2009). Rituals facilitate integration by opening up a bridge between the two worlds. Through engaging in ritual, participants are able to create new worlds of meaning through ‘building, refining and rebuilding’ of their relationships with the deceased as well as each other (Scott, 2009). In doing so, rituals allow participants to come to terms with their loss and re-engage with the wider world on their own terms.

Fourth, in many cultures, rituals are believed to help ferry the deceased spirit into their afterlife. For instance, African rituals are believed to connect the realm of the living with the world of the spirits (Baloyi, 2014). Similarly, Keening women are believed to be agents of this transition, whose song is meant to aid in this process (Laughlin, 2019). In either case, for the bereaved who share spiritual/religious beliefs, having such rituals may serve to ease their pain of loss, by reassuring them that their loved ones have been safely transported to the afterlife.

Finally, rituals may help with mitigating feelings of guilt surrounding the death. As previously mentioned, it is believed in Confucian culture that children have moral debt to their parents which can never be fully repaid (Bedford & Yeh, 2019). In many ways, the funeral is the children’s last opportunity to repay this debt, by providing their parents with a grand and ostentatious send-off, as a means of thanking their parents for their service and love in life. Conversely, when individuals are unable to fulfill their duties, they may come to experience feelings of additional guilt due to not even being able to repay their parents with a proper funeral.

Community and Social Dimensions of Rituals. Perhaps the most important function of Rituals lies in its ability to bring people together. Rituals represent social occasions during which

a community can gather around, share food together and strengthen bonds (Laughlin, 2019). Such is the importance of these events, that even disparate members of the family, will journey long distances in order to pay their last respects to the deceased (Baloyi, 2014). For immediate members of the deceased's family, rituals therefore mark opportunities to receive support from their friends and the community at large. On a practical level, this may involve receiving financial aid, meals, or child-minding duties. Given that it is common for the bereaved to be overwhelmed with the funeral process, such aid is likely to be greatly appreciated. On an emotional level, rituals also allow for shared grief. According to Wojtkowiak (2021), having others to share one's grief with can be comforting and lead to a sense of cohesion and solidarity.

Substitution Rituals

When individuals are unable to attend funerals or conduct mourning rituals for the deceased, substitution rituals may be an option. For instance, a study on African immigrants living in Europe revealed that following death, some immigrants would organize miniature wakes in their host country, during which they would conduct prayer and religious songs for the deceased (Kokou-Kpolou et al., 2017). While this was effective in aiding the grief process, it should be noted that some participants found such wakes to be insufficient due to the lack of the deceased's body.

Since the beginning of COVID-19, there has also been a growing movement to use online or virtual funerals as a way of mourning loved ones. For instance, during the Wuhan lockdowns, Chinese citizens were prohibited from gathering and conducting traditional mourning rituals. This had severe effects on the mental health of Chinese bereaved, resulting in incidences of prolonged grief disorder more than tripling in covid-affected families (Tang and Xiang, 2021). In their grief, families in Wuhan began conducting digital memorials whereby family members

were able to come together online, support one another and honor their loved ones (Whyke et al., 2021). Through hosting online memorials, families were also able to create a digital presence for the deceased (i.e.: posting stories, pictures, videos...etc.), thereby honoring their memory by immortalizing them in the digital realm. According to participants, participation in this ritual allowed many to achieve some degree of closure (Whyke et al., 2021).

In similar fashion, public health restrictions led some Jewish families to arrange virtual Shivas for their loved ones. By modifying mourning rituals in this way, the bereaved were able to attend the funeral of their loved ones in the safety of their own homes (MacNeil et al., 2023). Shiva modifications included having participants scan and share photos of the deceased as well as having a rabbi live-stream the burial. Other rituals (e.g.: washing hands, lighting candles, covering mirrors) were done individually by mourners at home (MacNeil et al., 2023). Overall, the results of the experience were found to be mixed. While many participants found meaning through participating in the virtual Shiva, especially in regard to dimensions relating to social connectedness, aspects of in-person ceremonies (i.e.: physical touch) were dearly missed.

While more time and more research are needed to fully understand the implications of virtual funerals, the research thus far suggests several important possibilities. For one, virtual funerals offer greater ease, cost effectiveness and accessibility for those who may find themselves unable to attend the funeral for various reasons (MacNeil et al., 2023). For another, virtual funerals allow for greater safety in the face of pandemics, war, or other risks. Finally, virtual funerals may also allow participants who may traditionally be barred from attending funerals (e.g.: Muslim women) to also be present (MacNeil et al., 2023). For these reasons, while virtual funerals may not fully substitute for the emotional or physical aspects of traditional ones, they may still play important roles in grief processing.

Immigration Barriers and Complicated Grief

Immigration creates three risk factors which may lead to complicated grief- geographical distance, social isolation, and barriers to mental health access. For many adult EAI, geographical distance may lead to feelings of moral guilt, if separation from one's parents prevents the fulfillment of duties relating to elder care and end of life. The second barrier involves social isolation as a result of migratory loss. Finally, as mentioned in chapter one, EAI may face considerable challenges in receiving adequate mental health treatment. As a result of immigration, cultural mismatches between therapist and EAI clients may further limit mental health access and treatment. As a consequence, EAI who undergo loss may experience symptoms for a prolonged period of time before receiving effective treatment, thereby exacerbating their disorder, and leading to CG.

Geographic Barriers

Immigration to a new country is often associated with migratory grief, the state of distress resulting from the loss of one's homeland, identity, and social connectedness due to relocation (Renner et al., 2024). For EAI in particular, two scenarios may result in intense feelings of migratory grief. The first involves being unable to fulfill one's obligations towards parental caretaking. The second involves being unable to attend their funeral.

Elder Care. In recent decades, the government of Canada has begun shifting away from the approval of family-class immigrants to the prioritization of economic immigrants (Bragg & Wong, 2016). As it stands, the current target for permanent residency has been set to 500 000 per annum, with seven percent of this (34 000) reserved for parents of immigrants (Immigration, R. & C. C., 2023). Assuming that these immigrants will stay in Canada, the figures above imply

that in over 90 percent of cases⁶, the parents of immigrants will likely experience both end of life care and death in their home country. For adult children in Canada, this can be a source of considerable stress. While advancements in technology have allowed families to communicate more frequently, the literature indicates that such interactions cannot substitute for real life interactions. As just one example, studies have shown that both parents and adult children tend to self-censor when speaking on phone in an attempt to not worry the other party (Nesteruk, 2018). As noted by the authors, while self-censorship in this way may spare the other party from worrying, it can also lead to reductions in intimacy over time.

At the same time, immigrants may face significant barriers that make frequent return visits impractical. Chief amongst these include the high cost of a return trip, difficulty with missing several consecutive days of work or family responsibilities (e.g.: taking care of young children) (Saramo et al., 2019). The end result is that for many immigrants, geographic barriers limit their ability to maintain closeness with their parents and elder care as a whole is likely to be limited to only remittances (Nesteruk, 2018).

One consequence of geographical barriers is that many immigrants report experiencing feelings of moral guilt due to being unable to fulfill their filial obligations of elder care (Sramo et al., 2019). As outlined in the *Analects* of Confucius, the expectation in Chinese culture is for filial children to reside near their parents in order to ensure that they are taken care of and that their needs are met (Confucius, 2015). This is because proper care of one's parents requires more than just financial aid; a principle clearly demonstrated in past decades, by examining the effects of urbanization on elderly generations in China. As mentioned, modernization has caused

⁶ Parents of immigrants may also have the opportunity to apply for super visas, which allow them to stay upwards of 10 years in Canada. However, the number of super visas issued is only 17 000 per annum (Immigration, R. & C. C., 2023). As such, the total number of cases will still likely remain over 90% going forwards.

millions of adult children to leave for urban centers to seek employment (Li et al., 2020). Similar to the EAI, geographic barriers prevent face-to-face interactions and reduce elderly caretaking to primarily financial aid. In doing so, this has led to at least two negative effects on the overall well-being of the parents of migrant children (Liu et al., 2021). Firstly, migration has led elderly participants to report feeling greater loneliness and isolation due to being unable to see their children in person. According to the mental health literature, long term consequences of loneliness have been associated with increased levels of chronic anxiety and stress, which in turn, have been associated deleterious consequence for health and well-being (Liu et al., 2021). Migration may also indirectly influence health by increasing the burden of farm work for elderly parents in rural communities (Li et al., 2020). According to the authors, this had significantly negative impacts on the physical health of parents and also led to increasing levels of depression.

Negative health effects were only partially compensated for by the presence of remittances. According to Tse (2013), remittances only had limited effectiveness in decreasing the likelihood of mental health conditions and had no effect on preventing declines in physical health. One explanation provided in this study was that elderly parents tended not to spend remittances on themselves, preferring instead to save the funds for their grandchildren. Overall, in comparison to elderly parents without migrant children, the study concluded that migration led to a net negative effect on elderly health, regardless of the presence of remittances. These results were mirrored in another recent study on parents living in Beijing. According to the authors, parents of migrant children experienced greater depressive symptoms as a result of their children's absence and that receiving monetary support did not decrease said symptoms (Liu et al., 2018). Rather, according to the authors, the mental well-being of parents was dependent on feelings of emotional closeness with their children.

Overall, the results of these studies suggest that migration may lead to negative health consequences for one's parents and that only receiving remittances did not fully ameliorate negative symptoms. Given that a key filial duty involves ensuring the wellbeing of one's parents in their old age, immigration barriers that prevent proper caretaking may therefore cause considerable self-discrepancy, leading to moral guilt. This principle will be explored in greater detail later on in this chapter.

Missing one's parents' funeral. Geographic distance may make it difficult for EAI to judge the seriousness of their parent's health situation. As a consequence, death may be sudden and hard to anticipate, making it difficult for EAI to plan a trip back home in time. Furthermore, depending on the funeral traditions of the origin culture, lengthy travel times may also make it impossible for relatives in the origin country to put off funeral rituals (Saramo et al., 2019). The end result of all these factors is that Canadian immigrants may find themselves unable to visit their parent before they pass or even attend their funeral on time.

Feelings of intense guilt, powerlessness and pain may arise when individuals are prevented from attending their parents' funerals. In a study examining transnational death, it was found that when immigrants viewed participating in funeral rites as a moral obligation, failure to do so resulted in a state of distress and dissatisfaction (Saramo et al., 2019). Specifically, participants in this study reported feeling as though their grief had been 'complicated' by not being able to see their parent's body for the last time nor have the opportunity to say their last farewells. In some cases, guilt even led some participants to feel as though they had abandoned their parents, due to not being able to take care of nor provide them comfort during their last moments (Saramo et al., 2019). Feelings of guilt remained even when immigrants had reported regular remittances leading up to the death (Solheim et al., 2016).

In some cases, moral guilt was also compounded by the participant's religious/cultural beliefs. For instance, according to the beliefs of certain African tribes, one's deceased ancestors may not forgive their living relatives for failing to attend their funeral (Baloyi, 2014). This principle was demonstrated in a case study where a Zulu immigrant fell ill shortly after missing his mother's funeral. Reportedly, after being taken to the hospital, the patient asked his doctor for permission to travel back to his hometown in Africa in order to perform the proper Zulu rituals. When questioned by his doctor, the man revealed his belief that his illness was the result of a curse laid upon his head by his mother's vengeful spirit (Baloyi, 2014). Only by performing the rituals, as the man claimed, could he lay both his mother's spirit to rest as well as his feelings of guilt.

The case example above illustrates how for immigrants holding religious/cultural beliefs, an inability to attend one's parent's funeral may also lead to spiritual guilt. In such cases, one might feel as though they have not only failed one's parents in life, but also in death due to their lacking presence at their funeral. Indeed, this phenomenon has been termed 'ritual omission' and has been found to lead to increased mental health symptoms following the loss of loved ones amongst immigrants (Wojtkowiak et al., 2021).

Social Isolation

Social isolation and a lack of support networks may make it more difficult for immigrants to move forward following the loss of a loved one. For individuals from collectivistic cultures, community and support are paramount in managing grief (Ariapooran et al., 2018). Studies show that having access to such support significantly reduces depression amongst Chinese individuals who adhere to a collectivistic orientation (Du et al., 2015). However, for immigrants, this collectivistic orientation can introduce additional challenges.

As discussed in chapter one, a major consequence of immigration is the loss of one's social networks. In wake of loss, social isolation can amplify grief symptoms amongst EAI. For EAI who are more motivated to seek out social support, an inability to find support can intensify feelings of loneliness and elevate levels of stress and depression (Du et al., 2015). Furthermore, Beller & Wagner (2020) found that loneliness has harsher health effects on those from collectivistic backgrounds, particularly when they reside in countries like Canada or the USA. The result of this study suggests that loneliness, a subjective feeling influenced by cultural norms, is more severe among those with high collectivistic values living in individualistic societies. As mentioned in chapter one, explanation for this result may be linked to difficulties in re-establishing new social relationships following immigration. In any case, the overall research on loneliness suggests that its experience often leads to deleterious effects for physical, mental and cognitive health.

Cultural Barriers and Complicated Grief

Barriers to mental health access may directly lead to the development of CG. As mentioned in chapter one, EAI rank near the bottom for mental health utilization, which can be attributed to technological illiteracy, lack of English proficiency and mental health Stigma (Wang et al., 2021). The net result of these barriers is that by the time EAI do seek out mental health treatment, symptoms tend to be more severe and tend to have been untreated for longer (Kim & Silverstein, 2021). Given that one of the criteria for complicated grief is a prolonged duration of time spent living with grief symptoms, the reluctance of EAI to seek treatment for grief would likely lead to increased risk of this diagnosis. Some support for this principle comes from two past studies. The first, which examined incidence rates of CG amongst African Americans found that being from a minority group may increase risk for CG (Goldsmith et al.,

2008). The second study, which followed African American college students, found that cultural differences increased risk for CG (Laurie & Neimeyer, 2008). In comparison to Caucasian students, it was found that African American students tended to have significant stigma against mental health services, of which they see utilization as a shameful act. As a result, participants tended to turn inwards towards family for support and had lower levels of mental health utilization (Laurie & Neimeyer, 2008). While further research would be necessary to validate whether EAI also report higher incidences of CG, such a prediction is likely, given that EAI are also members of a minority group that have lower mental health utilization.

Therapist Incompatibility. Cultural differences in the experiencing of grief may also create barriers for successful therapeutic outcome. For instance, Western psychology as a whole tends to pathologize grief and grief symptoms (Granek, 2010). As a consequence, therapy is targeted on reducing symptomology and helping clients move forwards with grief. However, grief in Chinese culture may not be experienced as a pathology, but rather, as an act of filial piety (Xiu et al., 2016). In ancient times, it was not unusual for high-ranking officials to engage in Shou Xiao (守孝) or mourning period, for upwards of three years following the death of their parent. Indeed, in his *Analects*, Confucius expressed his sentiments that just as a child is completely dependent on their parents for the first three years of life, a filial child should also mourn the death of their parents for three years (Confucius, 2015). Furthermore, as a sign of respect, children should refrain from pleasures, entertainment or even eating meat during that time (Choo, 2019). As such, the first hurdle for practitioners working with EAI may involve untangling pathological responses to grief with acts of filial piety. A failure to recognize the dual purpose of grief could very easily lead clients to feel additional moral guilt due to ‘moving on too quickly’ from the death of their parent.

Cultural differences in help seeking attitudes may also necessitate differing interventions during the treatment of grief. Fundamentally speaking, Western therapy is predicated on Western experiences. Following loss, it is common for Westerners to experience counterfactual thinking, guilty or angry ruminations about the death, avoidance behavior and ineffective emotional regulation (Glickman et al., 2017). As such, traditional CG therapies have been designed to service these needs. For instance, clinicians may employ cognitive restructuring to help clients target and reshape maladaptive thinking (Boelen et al., 2007). Similarly, other popular interventions include focusing on restoration (i.e.: rebuilding social bonds, focusing on future goals) to address avoidance behavior, exposure therapy to help clients manage anxiety or empty chair work to aid in flat affect (Glickman et al., 2017).

As mentioned, CG tends to cause greater (as compared to Westerners) levels of separation related distress, loneliness, and emptiness amongst the Chinese (Xiu et al., 2016). Given this, one might predict that EAI clients seeking therapy for CG are likely coming into therapy with high levels of separation related anxiety and uncertainty about life. If so, non-directive and insight-oriented approaches may not be the best fit for treatment. While such modalities may be particularly effective in treating for trauma-related distress (the CG trajectory for Westerners), there is some risk that traditional therapies may exacerbate symptoms in Chinese clients (Tang et al., 2021). For instance, if Chinese clients are feeling anxious, lost in life, and come to therapy looking for solutions, non-specific therapies may cause clients to feel even more stressed and create therapeutic mismatches. In many ways, this echoes the general finding that when receiving psychotherapy, Chinese clients prefer more directive, goal oriented, pragmatic, and time-limited approaches (Ng & James, 2013). This principle will be elaborated on in the section [Post-Death](#).

Unfilialness and Self-Discrepancy

For EAI who identify with filial piety, acting in a manner that is unfilial may lead to profound impacts to their emotional states. This phenomenon can be explained through Self Discrepancy Theory (SDT), which posits that our self-concepts can be divided into three basic domains: the actual self, the ideal self and the ought self (Higgins, 1987). The actual self represents the way individuals, or their significant others believe them to be (Hu et al., 2022). In contrast, the ideal self and the ought self represents the attributes they themselves or others think they can ideally possess or ought to possess. When individuals behave in ways that go against their ideal or ought selves, they may experience feelings of self-discrepancy, leading to negative affect (Hu et al., 2022). According to Higgins (1987), these self-discrepant feelings can be categorized into four scenarios: actual/own vs. ideal/own, actual/own vs. ideal/other, actual/own vs. ought/other and actual/own vs. ought/own.

Actual/own vs. Ideal/Own

In this discrepancy, one's current state does not match their own ideals. This can result in dejection-related emotions, such as disappointment and dissatisfaction (Higgins, 1987). For EAI, this type of discrepancy may occur as a result of caregiving for one's parents at a distance. Research indicates that geographical distance does not weaken the filial responsibilities one feels towards one's parents (Tian et al., 2023). Despite living abroad, EAI are still influenced by notions of filial piety which call on them to take care of their elderly parents (Ideal/Own). However, geographical constraints do weaken the ability to delivery proper caregiving, limiting caregiving primarily to remittances and communication through technology. As discussed, caregiving at a distance may lead to increased loneliness and health issues. Likewise, communication via technology may lead to a loss in intimacy. As such, when geographical

constraints lead to negative symptoms for elderly parents, EAI may begin to feel a sense of dejection at their inability to do more for their parents and experience an Actual/Own discrepancy.

Actual/own vs. Ideal/Other

In this discrepancy, the person believes that their own behaviors do not align with the ideals that others have set for them. This may result in dejection-related emotions such as shame, embarrassment, or feelings of failure (Higgins, 1987). This type of discrepancy can often be observed in the domain of elder care. As mentioned previously, adult children in China feel a filial obligation to take care of one's parents (Bedford & Yeh, 2019). As a result, crisis may occur when elderly parents are unable to live independently, and adult children are too busy or unable to provide full-time caretaking (Wu, 2023). For some, sending one's parents to a nursing home (actual/own) may be their only solution. However, while such a decision may be unavoidable, such an act is still viewed as unfilial by much of Chinese society (ideal/other) (Zhang, 2019). As such, doing so result in a self-discrepancy and cause adult children to experience feelings of guilt and shame (Wu, 2023).

Actual/own vs. Ought/Own

In this discrepancy, one believes that they are not meeting their own obligations or standards. As a result, they may become vulnerable to agitation-related emotions such as guilt, self-contempt, or feelings of worthlessness (Higgins, 1987). This type of self-discrepancy is most likely seen when adult children are unable to live up to their filial duties immediately prior to or after the death of their loved ones. According to research on transnational death, feelings of guilt were commonplace amongst immigrants that were unable to attend their relative's funerals

(Saramo et al., 2019). In such cases, participants believed that it was their moral duty to be present (Ought/Own) and failure to do so (Actual/own) likely led to a self-discrepancy.

Actual/own vs. Ought/Other

In this discrepancy, the person believes that their own behaviors do not align with the obligations or standards others have for them. This type of self-discrepancy was observed in a study on Chinese caregivers. According to the results of this study, adult caregivers who endorsed greater standards of filial caretaking were more likely to worry about critiques of their caretaking from significant others (e.g.: relatives, friends, neighbors) (Liu et al., 2020).

Caregivers who identified strongly with norms of filial caretaking tended to experience increased amongst of agitation-related emotions (Actual/Own) when they felt that their standards did not meet that of significant others (Ought/Other). For instance, caregivers reported greater levels of stress and/or depressive symptoms such as fear, self-criticism, and social anxiety.

Summary

It would not be an exaggeration to claim that Filial Piety forms the cornerstone for Chinese society. Despite changes to Filial Piety in past decades, as a result of the One Child Policy and Modernization, adult children in China still endorse and continue to carry out their filial obligations (Zhang et al., 2021). Likewise, EAI regard filial piety as a top priority, in spite of forces of acculturation (Guo et al., 2020). However, specific attitudes towards filial piety among EAI can vary based on their immigration timeline (Guo et al., 2006). Those arriving in Canada before the 2000's, typically less educated and from rural areas, may exhibit more traditional views of filial piety (i.e.: high in obedience). Comparatively, EAI who arrived more recently are likely to be urban, well-educated, and single children who are likely to favor more modern interpretations of filial piety (i.e.: working collaboratively) (Guo et al., 2006).

Nonetheless, the overall commitment to elder care and fulfilling funeral responsibilities remains strong across the board (Lieu et al., 2020).

Barriers resulting from immigration may make it difficult for EAI to fulfill their filial responsibilities. For instance, geographic distance may limit face-to-face interactions with one's parents in China, potentially leading them to experience a loss in intimacy and loneliness (Liu et al., 2021). Furthermore, without their children to rely on, elderly parents in China may have difficulties accessing health care services, seeking out social opportunities or (in the case of rural parents) managing the family farm (Li et al., 2020). Consequently, long-term absence of one's children may cause elderly parents in China to experience declines in their emotional and/or physical health.

This state of affairs is exacerbated by current immigration policies which make it difficult for the vast majority of elderly parents to secure the PR or Supervisa into Canada necessary to live with Canadian children (Immigration, R. & C. C., 2023). As a result of the One Child Policy, it is also unlikely for recent EAI to have siblings in China to look after elderly parents. As such, this combination of factors suggests that in the majority of cases, adult children who choose to become an EAI will likely be consigning their parents to living a reduced quality of life back home in China without anyone to caretake for them.

Geographic barriers may also prevent EAI from fulfilling end-of-life/funeral obligations. The principle of *Shou Ye* emphasizes the importance of being present during one's parent's final moments (Whyke et al., 2021). Unfortunately, this may not always be possible. For instance, relatives/friends living in China may not always be aware of the seriousness of their loved one's condition. Alternatively, it may be difficult for them to relay such messages through phone. Even in the best of cases, when EAI are able to make a return trip home, their parents may have already

expired before they are able to arrive. In worst cases, financial barriers, visa restrictions, work duties, family responsibilities, weather...etc. may make it impossible for EAI to travel back to visit their parent's before they pass or in time for their funeral. Missing these crucial moments can be a heartbreaking experience and may lead to intense feelings of moral guilt.

Chapter Three: Discussion and Recommendations

Discussion

For EAI who adhere to filial piety, not fulfilling these duties can cause feelings of moral guilt, a concept supported by Self Discrepancy Theory (Higgins, 1987; Zhang, 2019). As per SDT, engaging in behaviors that are misaligned with our ideals or obligation may trigger self discrepancies, leading to negative affect. For instance, if geographic barriers prevent proper caretaking of one's parents in China (actual state), EAI may experience feelings of dejection due to being unable to be a filial child (ideal state). Likewise, if EAI are unable to make it home for their parent's funeral (actual state), they would be unable to perform their filial obligations (ought state) and experience agitation related emotions (Higgins, 1987). Failure to resolve self discrepancies may lead to negative long-term psychological effects such as heightened neuroticism as well as identity disruptions, which in turn may increase risk for complicated grief.

Neuroticism

According to SDT, experiencing a self-discrepancy may lead to negative emotions that fall under the category of neuroticism: anxiety, guilt, worthlessness, shame, embarrassment...etc. (Higgin, 1987). According to research, neuroticism has been implicated as a risk factor for CG (Joa & Newberg, 2023). This is because following a loss, being high in neuroticism adds difficulty to the successful adaptation and integration of grief (Goetter et al., 2019). In particular, feelings of guilt may be particularly cumbersome for the bereaved to deal with, as guilt is likely

to lead to maladaptive thinking or dysfunctional behaviors which can interfere with successful grief processing (Li et al., 2019). While further testing is needed to validate filial piety as a direct risk factor for CG, the above research does indicate a potential causal pathway. Specifically, that feeling unfilial is likely to create self-discrepancies which lead to greater feelings of neuroticism, which in turn, increase risk for CG.

Identity Disruptions

In wake of a losing a family member, EAI with strong adherence to filial piety may face a significant risk for developing identity disruptions. This is because filial piety is not just a cultural norm, but is intrinsically tied to collectivism and as such, has significant implications for identity formation (Wang et al., 2019). For thousands of years, Confucian ethics have served as a moral compass guiding the behaviors of all members of Chinese society (Wang & Tiang, 2023). This has led Chinese adults to take great care in not only demonstrating filial piety to their parents at home, but also to paying careful attention to their behaviors in public, lest they inadvertently bring shame upon their family through acting inappropriately (Wang et al., 2019). Over time, this practice has evolved such that the Chinese conceptualize identity in dual terms: the “small self”, encompassing personal self-concepts, and the “great self”, representing familial or group identities (Wang et al., 2019). This bifurcation of self reflects a broader cultural trend as noted in cross-cultural psychology, that individuals from collectivistic backgrounds tend to use more group level and fewer idiocentric self-descriptions (Bochner, 1994).

The profound integration of filial piety into personal identity creates at least two potential vulnerabilities when EAI experience the loss of a parent. First, the overlap of filial piety with personal and collective identity implies that acting unfilially- perceived or real- can lead to

significant self discrepancies. Such discrepancies are complex and multi-dimensional, likely impacting various facets of an individual's identity. Given that identity confusion is a key component and diagnostic criteria for CG, such identity crises precipitated by issues relating to filial piety are likely to significantly increase the risk of CG (APA, 2022)

The second risk associated with high levels of filial piety is the potential for EAI to develop greater merged identities with deceased parents, intensifying their grieving process. According to the CAM model, individuals with closely intertwined identities with the deceased tend to experience more severe symptoms following the loss of a loved one (Bellet et al., 2020). This is problematic for EAI, whose self-concept is often heavily influenced by their relationships with their parents due to the cultural emphasis on filial duties.

Complicating matters further is the psychological tendency for individuals experiencing grief to fixate on recalling memories featuring the deceased, making the loss feel even more personal and profound (Harris et al., 2023). In sum, EAI are likely to have a greater proportion of their identities predicated on their role as a filial child. These aspects are magnified even further following the loss of a parent. However, rather than reinforcing their sense of self, grief will likely evoke feelings of profound pain and loss.

Such feelings, if left unresolved, can perpetuate the state of grief, and complicate the healing process. The persistence of these feelings without resolution can culminate in complicated grief, where EAI may find it exceptionally challenging to disentangle their own identity from that of their parent, and to navigate their grief constructively.

Recommendations

Given the importance of filial piety as highlighted by this capstone, it may be of clinical importance for clinicians to screen for attitudes of filialness when working with EAI. In doing

so, clinicians may be able to aid EAI in preventing the emergence of self-discrepancies through assisting them in fulfilling filial duties. To that end, this capstone offers four recommendations for clinicians working with EAI populations.

Elder care

Geographic barriers will likely present the biggest obstacle to successful caretaking of one's elders. While geographical distance itself is unchangeable, clinicians may be able to support clients in reaching greater emotional closeness with parents in China. As noted by the research, parental well-being is dependent on feelings of emotional closeness to one's children, rather than the actual distance itself (Liu et al., 2018). Clinicians may be able to assist in three ways. Firstly, by educating clients (and by extension, their parents) on methods of technological communication. As mentioned, technological illiteracy may cause considerable difficulty for many older EAI in accessing supports and services (Wang et al., 2021). As such, supporting clients in setting up messaging apps (e.g.: Wechat, Facebook) or video conferencing (e.g.: zoom, skype) may allow for more personal communication that cannot be provided through just phone calls. Secondly, educating clients in the difficulties of securing PR may prompt them to take proactive steps in acquiring a super visa. Similarly, opening discussions around the difficulties of PR may lead clients to begin planning for end-of-life care and funerals, thereby facilitating the transition period upon death. Finally, as mentioned, technological communication may limit the discussion of difficult topics (Nesteruk, 2018). Helping clients improve communication skills in session, coupled with supporting them in doing so over technology, may lead to improvements in emotional closeness with elderly parents.

End of Life and Funeral

Once again, technology may offer solutions for EAI unable to attend the funeral of one's parents. To assist with Shou Ye, Chinese relatives may be able to set up a live stream for the elderly parent. Having a live stream would allow for distant relatives to maintain a continuous digital presence with their loved one, thereby allowing them to fulfill their filial duty of accompanying one's parent until their final moments. Similarly, for EAI unable to attend the funeral, live streaming may allow them to attend the funeral process alongside the rest of the family. In 2022, the live stream of Queen Elizabeth's funeral allowed millions to pay their final respects to the woman who, for many, had occupied an important role in lifetime (Gullace et al., 2023). Despite not attending physically, participating in the Queen's funeral allowed many to reach some degree of closure. In the case of EAI, while a virtual funeral may not be able to entirely replace an in-person attendance, participation in funeral rituals, even virtually, is still likely to lead to some degree of closure. More importantly, by doing so, EAI may be able to alleviate some degree of guilt, by being able to acknowledge to themselves that they had done everything they could to pay their respects, given their circumstances.

Post-Death

EAI who come into therapy with CG may require help in dealing with feelings of guilt as well as resolving identity confusion. Therapists working with such clients may assist through four recommendations. Firstly, given that EAI are more likely to experience symptoms of separation anxiety, tailoring therapy to account for this may be beneficial in building rapport. For instance, clinicians may choose to take a more directive approach to therapy, using methods such as focusing on delivering more psychoeducation about the process of grief, assigning homework, or helping clients in developing specific tools for managing emotions.

Secondly, in cases where clients were unable to attend the funeral, clinicians may be able to help clients develop substitution rituals as a means of integrating their grief. Examples of this may involve online memorials, preparing a shrine to honor relatives in Canada or even empty chair work. In any case, clinicians will need to work collaboratively with clients to implement rituals that align with their traditions and customs.

Thirdly, given that Confucianism contains both a moral framework as well as a spiritual dimension, there is some possibility that clients may have unresolved spiritual guilt. In such cases, it may be possible for Clinicians to facilitate spiritual guidance with local experts. For instance, encouraging clients to contact local temples or directly inviting a religious leader into session with the client.

Lastly, given that filial piety likely contributes to an identity overlap, it may be recommended for clinicians to help clients seek out additional social opportunities. In doing so, EAI may have the opportunity to redevelop a sense of self independent of the deceased (Bellet et al., 2020). Focusing sessions on developing new social opportunities may be especially relevant for EAI, given that they may be lacking such opportunities as a result of migratory loss. In turn, increased social support may facilitate the ability to integrate their grief and move forwards with life.

Stigma and Outreach

While significant numbers of EAI may experience challenges to mental health, mental health treatment may not be an option if potential clients do not know about or are unwilling to seek help. To that end, it may be advisable for clinicians to take proactive action in raising mental health awareness and reducing stigma. Two possibilities may involve spreading

awareness through advertising campaigns as well as collaborating with communities and services.

Advertising campaigns may allow clinicians to spread awareness of their services. For maximum reach, it may be advisable to advertise services using Chinese language as well as a mix of both online marketing as well as through posters or infographics. While advertising alone may not be effective in reducing stigma, doing so may give options for EAI who are limited in their awareness of supports and services, either through lacking English proficiency or general understanding of mental health services.

It may also be possible for clinicians to collaborate with existing EAI stores, restaurants, churches, community centers...etc. By introducing themselves to community pillars, it may be possible to build up a network of EAI service providers. This would have a two-fold effect. Firstly, it would directly contribute to reducing stigma by educating the EAI community on the existence and deleterious effects of mental health disorders. Secondly, having such a network would likely provide referrals for new clients struggling with CG.

Overall, taking proactive steps towards reducing stigma and spreading mental health awareness may be the most effective way of addressing the underrepresentation of EAI access to mental health. According to Principle V of the BCACC, mental health clinicians have a responsibility to the society in which they live and work. Taking such a step to helping a traditionally underrepresented community would restore equity to the field of mental health, ensuring that mental health research would be used for the betterment of all members of society.

Concluding Reflection

The inspiration for this capstone began at my grandmother's grave in 2012. My relationship with my father up until then had been a rocky one, characterized by frequent

punishment for failing to meet his expectations interspersed with the occasional moments of love. To me, my father was a dominating figure, an unquestionable figure of authority, someone to be feared, respected and above all, obeyed. Which is why it was so puzzling to me at the time, when I saw him cry for the first time. At the time, I was unable to reconcile the two images of my father that I had in my head.

I took my first steps to understanding my father's experience in 2014, with the passing of my own close friend and mentor. While I had encountered death before, with the passing of my grandparents, our distant relationship meant that this was the first time that I had experienced the death of someone close to me. To my eternal regret at the time, I had only found out about his passing weeks after his death when I was contacted by the executor of his estate. Not being able to pay my respects or say my final farewells filled me with bitterness and feelings of shame. Here was a man who had been like a second father to me, teaching me important lessons all throughout my life and always encouraging me to chase after my dreams. However, rather than show my appreciation to him by keeping in contact, I had been too distracted by university and partying to maintain our regular Facebook conversations. Motivated by guilt and out of a desire to make amends, I wrote to him a farewell letter on Facebook, expressing my regrets, thanking him for all that he had done for me and wishing him happiness wherever he currently was. And in the years to come, I would continue to update him with each and every milestone that I achieved, as a way of keeping his memory close and as a way of making amends for not talking to him enough in life. Unbeknownst to me at the time, these Facebook messages served as a substitution ritual for missing his funeral. Through the act of writing to him, I was able to experience a tangible sense of relief from the guilt and shame that I had been feeling. Likewise, continuing our conversations over the years had helped me stay connected to his memory, easing

the pain of his loss. This was because by honoring him in this way, I felt like I was finally able to repay my Bao to my mentor for all the love and care that he had shown me in life.

In 2019, I had a chance to return to China for the third time in my life. Spanning over 7 provinces and 10 cities, this trip was meant to be a way for me to reconnect with my heritage and understand what it meant to be Chinese. As part of my journey, I had a chance to pay my respects to all my ancestors at their gravesites. What had begun from simple cultural curiosity quickly evolved into a deeply meaningful experience, as I joined several members of my family in honoring our ancestors. Together, we shared a meal with them, sacrificing to them fruit, alcohol, and meat dishes. We updated them on recent developments and news, including weddings, graduations, accomplishments. We shared stories amongst ourselves of memories with our ancestors. We burnt and incense to ensure their continued comfort in the afterlife. And finally, as we prepared to leave the gravesite, we asked them for their continued blessings and to look after us from the afterlife.

I remember feeling deeply humbled as I left the gravesite. For most of my life in Canada, I did not feel like I had fully belonged to either of my cultural identities. However, in taking part in this ritual with my relatives and connecting with my ancestors, I had for the first time, felt authentically Chinese. Like with my mentor, whose memory and connection I maintained through our Facebook messages, demonstrating filial piety was the key to re-establishing my collective memory and connection to the many generations of my ancestors who came before me. Through engaging in these rituals, and demonstrating filial piety to my ancestors, I was able to continue a tradition and a legacy spanning thousands of years.

Filial piety is more than just a set of commandments for children to demonstrate their respects to one's elders; it is fundamentally tied to Chinese identity. The cultural importance of

filial piety to Chinese society is such that most citizens will likely identify it as a fundamental aspect of who they are (Wang & Tian, 2023). In my own case, it was only after acknowledging and participating in ancestor worship that I was able to fully identify myself with my cultural heritage and reach identity integration. However, filial piety can also go awry when individuals are unable to fulfill cultural obligations. In my father's case, being unable to attend his mother's funeral led him to feel unfilial, causing him to experience self-discrepancies and identity disruption as a consequence. Being unable to resolve these feelings caused my Father to suffer in complicated grief for several years.

Examining for the presence and degree of filial piety may therefore be a key component when counselling EAI. Examining for feelings of unfilialness when treating negative affect (particularly those that fall under the domain of Neuroticism), may allow clinicians to identify the root cause of the client's presenting problem. This may be especially relevant when treating complicated grief. In such cases, especially for clients unable to attend their parent's funeral, helping the client navigate feelings of unfilialness may be an effective first step towards helping them integrate their grief. Through using tools such as substitution rituals or through helping client's piece together a cohesive identity, we may be able better help clients move forward with their grief. In any case, keeping in mind principles of filial piety allows for an overall more culturally informed model of counseling. As such, in doing so, we may therefore be able to do our part in reducing cultural stigma against counseling, thereby improving mental health for the EAI community as a whole.

References

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders: DSM-5-TR* (5th ed., text rev.). American Psychiatric Association Publishing.
- American Psychological Association. (2024). *APA dictionary of psychology*. American Psychological Association. Retrieved March 15, 2024, from <https://dictionary.apa.org/self-concept>
- AFS-USA. (n.d.). Culture points: Individualism and collectivism. Retrieved from <https://www.afsusa.org/study-abroad/culture-trek/culture-points/culture-points-individualism-and-collectivism>
- Ariapooran, S., Heidari, S., Asgari, M., Ashtarian, H., & Khezeli, M. (2018). Individualism-collectivism, social support, resilience, and suicidal ideation among women with the experience of the death of a young person. *International Journal of Community Based Nursing and Midwifery*, *6*(3), 250–259.
- Baker, A. W., Keshaviah, A., Horenstein, A., Goetter, E. M., Mauro, C., Reynolds, C. 3rd, Zisook, S., Shear, M. K., & Simon, N. M. (2016). The role of avoidance in complicated grief: A detailed examination of the Grief-Related Avoidance Questionnaire (GRAQ) in a large sample of individuals with complicated grief. *Journal of Loss & Trauma*, *21*(6), 533–547. <https://doi.org/10.1080/15325024.2016.1157412>
- Baloyi, M. E. (2014). Distance no impediment for funerals: Death as a uniting ritual for African people: A pastoral study. *Verbum et Ecclesia*, *35*(1), 1–7. <https://doi.org/10.4102/ve.v35i1.1248>
- Barnhill, J. J. (2011). Giving meaning to grief: The role of rituals and stories in coping with sudden family loss (Order No. 3464672). *ProQuest Dissertations & Theses Global*.

- (886428030). <https://www.proquest.com/dissertations-theses/giving-meaning-grief-role-rituals-stories-coping/docview/886428030/se-2>
- Bedford, O., & Yeh, K. H. (2019). The history and the future of the psychology of filial piety: Chinese norms to contextualized personality construct. *Frontiers in Psychology*, 10, Article 100. <https://doi.org/10.3389/fpsyg.2019.00100>
- Beller, J., & Wagner, A. (2020). Loneliness and health: The moderating effect of cross-cultural individualism/collectivism. *Journal of Aging and Health*, 32(10), 1516-1527. <https://doi.org/10.1177/0898264320943336>
- Bellet, B. W., LeBlanc, N. J., Nizzi, M., Carter, M. L., van der Does, F. H. S., Peters, J., Robinaugh, D. J., & McNally, R. J. (2020). Identity confusion in complicated grief: A closer look. *Journal of Abnormal Psychology*, 129(4), 397-407. <https://doi.org/10.1037/abn0000520>
- Berkson, M. (2021). A Confucian defense of shame: Morality, self-cultivation, and the dangers of shamelessness. *Religions*, 12(1), 32. <https://doi.org/10.3390/re112010032>
- Blair, S. L., & Madigan, T. J. (2019). Dating, Marriage, and Parental Approval: An Examination of Young Adults in China. *Social Science Quarterly (Wiley-Blackwell)*, 100(6), 2351–2368. <https://doi.org/10.1111/ssqu.12718>
- Bochner, S. (1994). Cross-Cultural Differences in the Self Concept: A Test of Hofstede's Individualism/Collectivism Distinction. *Journal of Cross-Cultural Psychology*, 25(2), 273-283. <https://doi.org/10.1177/0022022194252007>
- Boelen, P. A. (2016). Improving the understanding and treatment of complex grief: an important issue for psychotraumatology. *European Journal of Psychotraumatology*, 7, 32609. <https://doi.org/10.3402/ejpt.v7.32609>

- Boelen, P. A., de Keijser, J., van den Hout, M. A., & van den Bout, J. (2007). Treatment of complicated grief: A comparison between cognitive-behavioral therapy and supportive counseling. *Journal of Consulting and Clinical Psychology, 75*(2), 277-284.
<https://doi.org/10.1037/0022-006X.75.2.277>
- Brady, A. M. (2012). State Confucianism, Chineseness, and tradition in CCP propaganda. In *China's Thought Management* (pp. 57-75). Routledge.
- 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. <https://doi.org/10.1177/1049731509360840>
- Chan, C. K. L., & Yau, M. K. (2010). Death preparation among the ethnic Chinese well-elderly in Singapore: An exploratory study. *OMEGA - Journal of Death and Dying, 60*(3), 225–239. <https://doi.org/10.2190/OM.60.3.b>
- Chan, C. L. W., Ho, A. H. Y., Leung, P. P. Y., Chochinov, H. M., Neimeyer, R. A., Pang, S. M. C., & Tse, D. M. W. (2012). The blessings and the curses of filial piety on dignity at the end of life: Lived experience of Hong Kong Chinese adult children caregivers. *Journal of Ethnic & Cultural Diversity in Social Work: Innovation in Theory, Research & Practice, 21*(4), 277–296. <https://doi.org/10.1080/15313204.2012.729177>
- Charlesworth, L. A., Allen, R. J., Havelka, J., & Moulin, C. J. A. (2016). Who am I? Autobiographical retrieval improves access to self-concepts. *Memory, 24*(8), 1033–1041. <https://doi.org/10.1080/09658211.2015.1063667>
- Cheung, S. L., Krijnen, W. P., Fu, Y., van der Schans, C. P., & Hobbelen, H. (2022). Filial piety and mental health among older Chinese immigrants in the Netherlands. *Gerontology and*

Geriatric Medicine, 8, Article 23337214221083470.

<https://doi.org/10.1177/23337214221083470>

Chen, Z. (2023, October 19). Paid to cry: Chinese professional wailers at funeral. *Yale's Undergraduate Magazine on U.S.–China Relations*. Retrieved from <https://chinahandsmagazine.org/2023/02/14/paid-to-cry-chinese-professional-wailers-at-funeral/>

Chen, X., Wang, B., Li, C., Huang, Z., Zhang, H., Cheng, A., & Yu, X. (2017). A discussion on contemporary Chinese cemetery construction—in the sight of funeral comparison between Chinese and Western culture. In *Proceedings of the 2017 International Conference on Culture, Education and Financial Development of Modern Society (ICCESE 2017)*. <https://doi.org/10.2991/iccese-17.2017.106>

Chiu, M., Amartey, A., Wang, X., & Kurdyak, P. (2018). Ethnic differences in mental health status and service utilization: A population-based study in Ontario, Canada. *The Canadian Journal of Psychiatry*, 63(7), 481-491. <https://doi.org/10.1177/0706743717741061>

Confucius. (2015). *The Analects of Confucius: A Teaching Translation* (R. Eno, Trans.). Retrieved from <https://hdl.handle.net/2022/23420>

Davis, J. L., Love, T. P., & Fares, P. (2019). Collective social identity: Synthesizing identity theory and social identity theory using digital data. *Social Psychology Quarterly*, 82(3), 254-273. <https://doi.org/10.1177/0190272519851025>

Du, H., Li, X., Lin, D., & Tam, C. C. (2015). Collectivistic orientation, acculturative stress, cultural self-efficacy, and depression: a longitudinal study among Chinese internal

- migrants. *Community Mental Health Journal*, 51(2), 239-248.
<https://doi.org/10.1007/s10597-014-9785-9>
- Deutsch, F. M. (2006). Filial piety, patrilineality, and China's One-Child Policy. *Journal of Family Issues*, 27(3), 366-389. <https://doi.org/10.1177/0192513X05283097>
- De Stefano, R., Muscatello, M. R. A., Bruno, A., et al. (2021). Complicated grief: A systematic review of the last 20 years. *International Journal of Social Psychiatry*, 67(5), 492-499.
<https://doi.org/10.1177/0020764020960202>
- Dictionary.com. (n.d.). East Asia. Retrieved from <https://www.dictionary.com/browse/east-asia>
- Edward, R. C. (2013). Filial piety and care for elders: A contested Confucian virtue reexamined. *Journal of Ethnic & Cultural Diversity in Social Work*, 22(3-4), 213-234.
<https://doi.org/10.1080/15313204.2013.843134>
- Eyetsmitan, F. E. (2022). Deceased-focused mourning for complicated/prolonged grief disorder. In *The Deceased-focused Approach to Grief* (pp. 1-13). Springer, Cham.
https://doi.org/10.1007/978-3-030-98245-4_13
- Ford, J. D., Grasso, D. J., Elhai, J. D., & Courtois, C. A. (2015). Social, cultural, and other diversity issues in the traumatic stress field. In *Posttraumatic Stress Disorder* (pp. 503-546). <https://doi.org/10.1016/B978-0-12-801288-8.00011-X>
- Frederick, C. (2019). Telling others to do what you believe is morally wrong: The case of Confucius and Zai Wo. *Asian Philosophy*, 29(2), 106-115.
<https://doi.org/10.1080/09552367>
- Giles, J., & Mu, R. (2007). Elderly parent health and the migration decisions of adult children: Evidence from rural China. *Demography*, 44(2), 265-288.
<https://doi.org/10.1353/dem.2007.0010>

- Glickman, K., Shear, M. K., & Wall, M. M. (2017). Mediators of outcome in complicated grief treatment. *Journal of Clinical Psychology, 73*(7), 817–828.
<https://doi.org/10.1002/jclp.22384>
- Goetter, E., Bui, E., Horenstein, A., Baker, A. W., Hoepfner, S., Charney, M., & Simon, N. M. (2019). Five-factor model in bereaved adults with and without complicated grief. *Death Studies, 43*(3), 204–209. <https://doi.org/10.1080/07481187.2018.1446059>
- Goldsmith, B., Morrison, R. S., Vanderwerker, L. C., & Prigerson, H. G. (2008). Elevated rates of prolonged grief disorder in African Americans. *Death Studies, 32*(4), 352–365.
<https://doi.org/10.1080/07481180801929012>
- Gui, Y., Berry, J. W., & Zheng, Y. (2012). Migrant worker acculturation in China. *International Journal of Intercultural Relations, 36*(4), 598-610.
- Gullace, N. F., Chernock, A., Natarajan, R., & Beers, L. (2023). Forum: The death of Queen Elizabeth II: Meaning and media. *Journal of British Studies, 62*(2), 476-501.
<https://doi.org/10.1017/jbr.2023.5>
- Guo, M., Byram, E., & Dong, X. (2020). Filial expectation among Chinese immigrants in the United States of America: a cohort comparison. *Ageing and Society, 40*(10), 2266–2286.
<https://doi.org/10.1017/s0144686x1900059x>
- Guo, R., & Zhang, J. (2020). The effects of children’s gender composition on filial piety and old-age support. *Economic Journal, 130*(632), 2497–2525. <https://doi.org/10.1093/ej/ueaa027>
- Guo, S., & DeVoretz, D. J. (2006). The changing face of Chinese immigrants in Canada. *International Migration & Integration, 7*, 275–300. <https://doi.org/10.1007/s12134-006-1014-0>

- Granek, L. (2010). Grief as pathology: The evolution of grief theory in psychology from Freud to the present. *History of Psychology, 13*(1), 46–73. <https://doi.org/10.1037/a0016991>
- Han, M., & Pong, H. (2015). Mental health help-seeking behaviors among Asian American community college students: The effect of stigma, cultural barriers, and acculturation. *Journal of College Student Development, 56*(1), 1-14.
- Harandi, T. F., Taghinasab, M. M., & Nayeri, T. D. (2017). The correlation of social support with mental health: A meta-analysis. *Electronic Physician, 9*(9), 5212–5222. <https://doi.org/10.19082/5212>
- Hare-Mustin, R. T. (1982). China's marriage law: a model for family responsibilities and relationships. *Family Process, 21*(4), 477–481. <https://doi.org/10.1111/j.1545-5300.1982.00477.x>
- Harris, C. B., Brookman, R., & O'Connor, M. (2023). It's not who you lose, it's who you are: Identity and symptom trajectory in prolonged grief. *Current Psychology, 42*, 11223–11233. <https://doi.org/10.1007/s12144-021-02343-w>
- Harris, D. L., & Winokuer, H. R. (2019). *Principles and practice of grief counseling*. Springer Publishing Company.
- Helle, H. J. (2017). Oracle-bones: The mandate of heaven. In *China: Promise or threat?* (pp. 82-96). Brill.
- Heu, L. C., van Zomeren, M., & Hansen, N. (2019). Lonely alone or lonely together? A cultural-psychological examination of individualism–collectivism and loneliness. (Continued reference needed for complete formatting)
- Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review, 94*(3), 319-340. <https://doi.org/10.1037/0033-295X.94.3.319>

- Hu, C., Cao, R., Huang, J., & Wei, Y. (2022). The effect of self-discrepancy on online behavior: A literature review. *Frontiers in Psychology, 13*, 883736.
<https://doi.org/10.3389/fpsyg.2022.883736>
- Huang, I. (2001). Culture of the Chinese diaspora. *China Report, 37(4)*, 445–449.
<https://doi.org/10.1177/000944550103700402>
- Iglewicz, A., Shear, M. K., Reynolds, C. F., Simon, N., Lebowitz, B., Zisook, S., & Reynolds, C. F., 3rd. (2020). Complicated grief therapy for clinicians: An evidence-based protocol for mental health practice. *Depression & Anxiety, 37(1)*, 90–98.
<https://doi.org/10.1002/da.22965>
- Immigration, R. and C. C. (2023, November 1). Government of Canada. Canada.ca. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/news/notices/supplementary-immigration-levels-2024-2026.html>
- Jiang, Q., & Sánchez-Barricarte, J. J. (2011). The 4-2-1 family structure in China: a survival analysis based on life tables. *European Journal of Ageing, 8*, 119-127.
- Joa, B., & Newberg, A. B. (2023). Neuropsychological comparison of guilt and grief: A review of guilt aspects in prolonged grief disorder. *OMEGA - Journal of Death and Dying, 87(2)*, 591-613. <https://doi.org/10.1177/00302228211024111>
- Katherine, S. M. (2015). Complicated grief. *The New England Journal of Medicine, 372(2)*, 153-160. <https://doi.org/10.1056/NEJMcp1315618>
- Kim, J. H., & Silverstein, M. (2021). Are filial piety and ethnic community engagement associated with psychological wellbeing among older Chinese American immigrants? A cultural resource perspective. *Research on Aging, 43(2)*, 63–73.
<https://doi.org/10.1177/0164027520937477>

- Kim, C. B., Ock, M., Jung, Y. S., Kim, K. B., Kim, Y. E., Kim, K. A., & Yoon, S. J. (2021). Estimation of years lived with disability using a prevalence-based approach: Application to major psychiatric disease in Korea. *International Journal of Environmental Research and Public Health*, *18*(17), 9056. <https://doi.org/10.3390/ijerph18179056>
- Kokou-Kpolou, K., Mbassa Menick, D., Moukouta, C. S., Baugnet, L., & Kpelly, D. E. (2017). A cross-cultural approach to complicated grief reactions among Togo–Western African immigrants in Europe. *Journal of Cross-Cultural Psychology*, *48*(8), 1247-1262. <https://doi.org/10.1177/0022022117721972>
- Kokou-Kpolou, K., Moukouta, C., Bernoussi, A., Masson, J., Menick, D., et al. (2020). Correlates and predictors of prolonged grief and mental health outcomes in immigrants/refugees exposed to trauma and bereavement: A systematic review. *Journal of Affective Disorders*. (hal-03595039)
- Krings, M. F., van Wijngaarden, J. D. H., Yuan, S., & Huijsman, R. (2022). China's elder care policies 1994-2020: A narrative document analysis. *International Journal of Environmental Research and Public Health*, *19*(10), 6141. <https://doi.org/10.3390/ijerph19106141>
- Laughlin, M. (2019). Keening the dead: Ancient history or a ritual for today? *Religions*, *10*, 235. <https://doi.org/10.3390/re110040235>
- Laurie, A., & Neimeyer, R. A. (2008). African Americans in bereavement: Grief as a function of ethnicity. *Omega: Journal of Death and Dying*, *57*(2), 173–193. <https://doi.org/10.2190/OM.57.2.d>
- Lee, M., Bhimla, A., Lu, W., & Ma, G. X. (2021). Correlates of mental health treatment receipt among Asian Americans with perceived mental health problems. *The Journal of*

- Behavioral Health Services & Research*, 48(2), 199–212. <https://doi.org/10.1007/s11414-020-09704-6>
- Legare, C. H., & Nielsen, M. (2020). Ritual explained: interdisciplinary answers to Tinbergen's four questions. *Philosophical Transactions of the Royal Society of London. Series B, Biological Sciences*, 375(1805), 20190419. <https://doi.org/10.1098/rstb.2019.0419>
- Leung, K. (2008). Chinese culture, modernization, and international business. *International Business Review*, 17(2), 184-187.
- Li, H., & Wu, G. (2022). Implications of China's filial piety culture for contemporary elderly care. *Trans/Form/Ação*, 45(spe2), 69–86. <https://doi.org/10.1590/0101-3173.2022.v45esp2.p69>
- Li, J., Tendeiro, J. N., & Stroebe, M. (2019). Guilt in bereavement: Its relationship with complicated grief and depression. *International Journal of Psychology*, 54(4), 454–461. <https://doi.org/10.1002/ijop.12483>
- Li M, Dong X. (2018). The association between filial piety and depressive symptoms among U.S. Chinese older adults. *Gerontology and Geriatric Medicine*, 4. <https://doi.org/10.1177/2333721418778167>
- Li, R. (2019). The influence of social thought on the connotation of traditional filial piety during the Guangxu period of the Qing Dynasty. *Open Access Library Journal*, 6, 1-6. <https://doi.org/10.4236/oalib.1105945>
- Li, T., Wu, B., Yi, F., Wang, B., & Baležentis, T. (2020). What happens to the health of elderly parents when adult child migration splits households? Evidence from rural China. *International Journal of Environmental Research and Public Health*, 17(5), 1609. <https://doi.org/10.3390/ijerph17051609>

- Li, W. W., Singh, S., & Keerthigha, C. (2021). A cross-cultural study of filial piety and palliative care knowledge: Moderating effect of culture and universality of filial piety. *Frontiers in Psychology, 12*, 787724. <https://doi.org/10.3389/fpsyg.2021.787724>
- Liu, J., Guo, M., Mao, W., Xu, L., Huang, X., & Chi, I. (2018). Support from migrant children and depressive symptoms among Chinese older adults in transnational families. *Gerontology and Geriatric Medicine, 4*. <https://doi.org/10.1177/2333721418778187>
- Liu, J., Wu, B., & Dong, X. (2020). Psychological well-being of Chinese immigrant adult-child caregivers: how do filial expectation, self-rated filial performance, and filial discrepancy matter? *Aging & Mental Health, 24*(3), 489-496.
- Liu, Y., Wang, J., Yan, Z., et al. (2021). Impact of child's migration on health status and health care utilization of older parents with chronic diseases left behind in China. *BMC Public Health, 21*, 1892. <https://doi.org/10.1186/s12889-021-11927-x>
- Lin, J.-P., and Yi, C.-C. (2013). A comparative analysis of intergenerational relations in East Asia. *International Sociology, 28*, 297–315. <https://doi.org/10.1177/0268580913485261>
- Ng, C. T., & James, S. (2013). "Directive approach" for Chinese clients receiving psychotherapy: is that really a priority? *Frontiers in Psychology, 4*, 49. <https://doi.org/10.3389/fpsyg.2013.00049>
- Qianyun Wang, Jacky Ka Kei Liu & Christine Ann Walsh (2021). Identities: experiences and impacts of the COVID-19 pandemic from the perspectives of older Chinese immigrants in Canada. *China Journal of Social Work, 14*(2), 153-171. <https://doi.org/10.1080/17525098.2021.1923544>
- Qin, S., & Xia, Y. (2015). Grieving rituals and beliefs of Chinese families. In *The world of bereavement: Cultural perspectives on death in families* (pp. 69-80).

- Renner, A., Schmidt, V., & Kersting, A. (2024). Migratory grief: a systematic review. *Frontiers in Psychiatry, 15*, 1303847. <https://doi.org/10.3389/fpsy.2024.1303847>
- Saramo, S., Koskinen-Koivisto, E., & Snellman, H. (Eds.). (2019). *Transnational Death* (Vol. 17). Finnish Literature Society. Retrieved from <http://www.jstor.org/stable/j.ctv11991mh>
- Scott, M. S. (2009). Journeys in grief: theorizing mourning rituals. *Arc: The Journal of the School of Religious Studies, 37*, 79-89.
- Shear, K., & Shair, H. (2005). Attachment, loss, and complicated grief. *Developmental Psychobiology: The Journal of the International Society for Developmental Psychobiology, 47*(3), 253-267.
- Sim, S. (2014, April 4). iPhone and Louis Vuitton replicas a hit for dead ancestors on China's Tomb Sweeping Day. *Jing Daily*. Retrieved from <https://jingdaily.com/posts/iphone-and-louis-vuitton-replicas-a-hit-for-dead-ancestors-on-chinas-tomb-sweeping-day>
- Simon, N. M., Hoepfner, S. S., Lubin, R. E., Robinaugh, D. J., Malgaroli, M., Norman, S. B., Acierno, R., Goetter, E. M., Hellberg, S. N., Charney, M. E., Bui, E., Baker, A. W., Smith, E., Kim, H. M., & Rauch, S. A. M. (2020). Understanding the impact of complicated grief on combat related posttraumatic stress disorder, guilt, suicide, and functional impairment in a clinical trial of post-9/11 service members and veterans. *Depression & Anxiety, 37*(1), 63–72. <https://doi.org/10.1002/da.22911>
- Solheim, C., Zaid, S., & Ballard, J. (2016). Ambiguous loss experienced by transnational Mexican immigrant families. *Family Process, 55*(2), 338–353. <https://doi.org/10.1111/famp.12130>

- Statistics Canada. (2022). Immigrants make up the largest share of the population in over 150 years and continue to shape who we are as Canadians. *The Daily*. Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/221026/dq221026a-eng.htm>
- Statistics Canada. Table 98-10-0357-01 Ethnic or cultural origin by gender and age: Canada, provinces and territories and census divisions. Retrieved from <https://doi.org/10.25318/9810035701-eng>
- Tang, R., Xie, T., Jiao, K., Xu, X., Zou, X., Qian, W., & Wang, J. (2021). Grief reactions and grief counseling among bereaved Chinese individuals during COVID-19 pandemic: Study protocol for a randomized controlled trial combined with a longitudinal study. *International Journal of Environmental Research and Public Health*, *18*(17), 9061. <https://doi.org/10.3390/ijerph18179061>
- Tang, S., Xiang, Z. (2021). Who suffered most after deaths due to COVID-19? Prevalence and correlates of prolonged grief disorder in COVID-19 related bereaved adults. *Global Health*, *17*, 19. <https://doi.org/10.1186/s12992-021-00669-5>
- Tang, S., & Zuo, J. (2000). Dating attitudes and behaviors of American and Chinese college students. *The Social Science Journal*, *37*(1), 68-78.
- Tham, S. C. (1985). Religion & modernization: A study of changing rituals among Singapore's Chinese, Malays & Indians. Retrieved from <http://ci.nii.ac.jp/ncid/BA13793622>
- The Marriage Law of the People's Republic of China (1980). (1984). *Pacific Affairs*, *57*(2), 266–269. <https://doi.org/10.2307/2759127>
- Tian, Y. J., Jotterand, F., & Wangmo, T. (2023). Remote technologies and filial obligations at a distance: New opportunities and ethical challenges. *ABR*, *15*, 479–504. <https://doi.org/10.1007/s41649-023-00256-3>

- Tu, W. M. (1998). Probing the 'three bonds' and 'five relationships' in Confucian humanism. In *Confucianism and the family* (pp. 121-136).
- Tse, C. W. (2013). Migration and health outcomes of left-behind elderly in rural China. Available at SSRN 2440403.
- Wang, C. D., Lei, Y., & Jin, L. (2019). Adult attachment, filial piety, and interpersonal functioning of Chinese young adults. *Counselling Psychology Quarterly*.
<https://doi.org/10.1080/09515070.2019.1649635>
- Wang, Q., & Conway, M. A. (2004). The stories we keep: autobiographical memory in American and Chinese middle-aged adults. *Journal of Personality*, 72(5), 911–938.
<https://doi.org/10.1111/j.0022-3506.2004.00285.x>
- Wang, Q., & Walsh, C. (2020). Weaving identities: Experiences of bereavement among Chinese immigrants in Calgary. *Emerging Perspectives: Interdisciplinary Graduate Research in Education and Psychology*, 4(1), 1–7. Retrieved from
<https://journalhosting.ucalgary.ca/index.php/ep/article/view/68307>
- Wang, X., & Tian, X. (2023). Teaching with filial piety: a study of the filial piety thought of Confucianism. *Trans/Form/Ação*, 46, 287-302.
- Whyke, T. W., Lopez-Mugica, J., & Chen, Z. T. (2021). The rite of passage and digital mourning in Fang Fang's Wuhan Diary. *Global Media and China*, 6(4), 443–459.
<https://doi.org/10.1177/20594364211041683>
- Widiger, T. A., & Oltmanns, J. R. (2017). Neuroticism is a fundamental domain of personality with enormous public health implications. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 16(2), 144–145.
<https://doi.org/10.1002/wps.20411>

- Wojtkowiak, J., Lind, J., & Smid, G. E. (2021). Ritual in therapy for prolonged grief: A scoping review of ritual elements in evidence-informed grief interventions. *Frontiers in Psychiatry, 11*, 623835. <https://doi.org/10.3389/fpsy.2020.623835>
- Wu, X. (2023). Negotiating filial care in transitions: an ethnographic study of family involvement in China's nursing homes. *The Journal of Chinese Sociology, 10(1)*, 9. <https://doi.org/10.1186/s40711-023-00187-4>
- Xiu, D., Maercker, A., Woynar, S., Geirhofer, B., Yang, Y., & Jia, X. (2016). Features of prolonged grief symptoms in Chinese and Swiss bereaved parents. *The Journal of Nervous and Mental Disease, 204(9)*, 693–701. <https://doi.org/10.1097/NMD.0000000000000539>
- Yao, Y. (2014). The Chinese growth miracle. In *Handbook of Economic Growth* (Vol. 2, pp. 943-1031). Elsevier.
- Yan, Y. (2015, December 4). Intergenerational intimacy: A redefinition of filial piety in rural North China [Lecture]. *CSUSB Modern China Lecture Series*. Retrieved from <https://www.youtube.com/watch?v=3gO4ePOOPZ8&t=3695s>
- Yee, T., Ceballos, P., and Lawless, A. (2020). Help-seeking attitudes of Chinese Americans and Chinese immigrants in the United States: The mediating role of self-stigma. *Journal of Multicultural Counseling and Development, 48*, 30-43. <https://doi.org/10.1002/jmcd.12162>
- Yu, J., Luo, W., & Xie, Y. (2022). Sexuality in China: A review and new findings. *Chinese Journal of Sociology, 8(3)*, 293-329. <https://doi.org/10.1177/2057150X221114599>

- Zhang, H. (2019). Sending parents to nursing homes is unfilial? An exploratory study on institutional elder care in China. *International Social Work, 62*(1), 351-362.
<https://doi.org/10.1177/0020872817725137>
- Zhang, M., Lin, T., Wang, D., & Jiao, W. (2020). Filial piety dilemma solutions in Chinese adult children: The role of contextual theme, filial piety beliefs, and generation. *Asian Journal of Social Psychology, 23*(2), 227–237. <https://doi.org/10.1111/ajsp.12395>
- Zhang, W. (2022). Perceptions and expectations of filial piety among older Chinese immigrants in Canada. *Ageing & Society, 42*(3), 497-520.
- Zhu, L. (2017). Do Chinese children believe in an afterlife? In: Hornbeck, R., Barrett, J., Kang, M. (eds) *Religious Cognition in China. New Approaches to the Scientific Study of Religion*, Vol 2. Springer, Cham. https://doi.org/10.1007/978-3-319-62954-4_10