

MOTHERS WITHOUT CHILDREN: ABORTION AND ABANDONMENT

Understanding the Experiences and Responses of Chinese Mothers to Trauma During the One-Child Policy

Author's Note

The author was born in Maoming, Guangdong, in 1999. According to the adoption certificate provided by the Maoming Welfare Institute, the author was abandoned in a vegetable market where she was later found by a police officer. Thereafter, she was delivered to the local orphanage. In 2000, at the height of international adoption from China, the author was adopted by an Irish-Canadian family and brought to Montreal, Quebec. The author hereby acknowledges her positionality in the present research.

INTRODUCTION

"It is not so difficult, alas, to understand why so many human lives have been destroyed by mobilized violence between ethnic groups, religious sects, or linguistic communities. But it is harder to grasp why so many well-intentioned schemes to improve the human condition have gone so tragically awry."

James Scott, Seeing Like a State, 1998

by **Maire Dowdall, Concordia University**
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 Advised by **Dr. Elena Razlogova**
 Edited by **Jisoo Choi, Louie Lu, Rachel Blatt,**
 and **Deidre Flanagan**

Please note: Page 72 contains a graphic imagery of a woman with an aborted fetus.

IN 1979, CHINA'S total population had reached 1.2 billion inhabitants.¹ If these fertility rates were maintained, the Communist Party of China estimated that the national population would rise in a dramatic and unsustainable manner, climbing to over two billion within the next fifty years.² But the threat of overpopulation and its economic and social repercussions were not concerns exclusive to China, but a worldwide problem. Earlier, in 1972, the Club of Rome, a non-profit coalition of international agencies, published *The Limits to Growth*. Using computer simulations, the authors of the publication concluded that "if the present growth trends in world population, industrialization, pollution, food production, and resource depletion continue unchanged, the limits to growth on this planet will be reached sometime within the next one hundred

¹ Xue Xinran, *Message from an Unknown Chinese Mother: Stories of Loss and Love* (New York: Scribner, 2012), 22.

² Susan Greenhalgh, *Just One-Child: Science and Policy in Deng's China* (Berkeley: University of California Press, 2008), 240.

years.”³ Although this report engendered continuing controversy, it nonetheless animated a worldwide debate on the appropriate responses to an impending environmental crisis.

In China, the issue of population growth was considered by Marxian statisticians, cyberneticists, and humanists, with each intellectual class advancing a population proposal suffused with distinctive political values, moral philosophies, and utopian visions.⁴ Ultimately, a cybernetic population theory prevailed.⁵ Proponents of this technocratic, high-modern, and engineered model of society eschewed cultural and historical features of Chinese society, thereby promoting a policy fraught with class and gender biases. Cautionary advice about the potential consequences of such a scheme from discredited demographers, feminists, and health specialists fell on deaf ears.

On December 11, 1979, during the Second National Symposium on Population in Chengdu, Sichuan, the Communist Party of China announced the implementation of universal one-childization.⁶ The one-child policy was promoted as a temporary measure, intended to decelerate population growth until a sustainable birth rate could be achieved, and improve the economic, environmental, and social conditions of the nation.

However, the one-child policy was met with considerable opposition, especially in the countryside where children were economic contributors to the family. The Chinese government responded to policy resistance by introducing several exceptions to one-childization. For example, after 1984, rural families were permitted to have a second child if the first was a daughter; this policy is referred to as the daughter-only policy or the 1.5 child policy. Ethnic minorities were also exempt from the one-child policy. In fact, these groups were encouraged to reproduce in order to promote genetic diversity in the Chinese population.⁷

Regardless, the one-child policy inadvertently brought tragedy to millions of Chinese families. The onus for this failure cannot be laid only on its family planning aspect. Throughout the twentieth century, China had successfully experimented with a number of measures to regulate population composition and development, including the earlier, more lenient policy of later-longer-fewer.⁸ Rather, the destructive nature of the one-child policy derived from its reliance on inaccurate numbers and misguided ideologies. It was the intrinsic neglect of the needs and interests of the people under the control of the Chinese government which rendered enforcement of the policy detrimental.

The present paper addresses the impact of the one-child policy on women across China. Using psychological trauma theory to identify and interpret the personal stories of Chinese mothers, I demonstrate that the violent and stringent enforcement of the idealized one-child policy produced exploitative and repressive situations that culminated in traumatic experiences of forced abortion and coerced infant abandonment.

Although one-childization was formally terminated on February 12, 2015, China will contend with the consequences of the one-child policy for years to come. Some immediate effects of the one-child policy include the existence of a “black population,” that is, out-of-plan children who are not recognized by the state and are denied the access, rights, and protections afforded by those born legally in China, and the four-two-one problem, where a single child must financially support two parents and four grandparents. Other consequences, such as a decreased fertility and birth rate and a male-biased gender imbalance, will also have long-term negative effects on future generations.

Moreover, the Chinese government continues

3 Donella Meadows, et al. *The Limits of Growth: A Report for the Club of Rome's Project on the Predicament of Mankind* (New York: Universe Books, 1972), 23.

4 Greenhalgh, *Just One-Child*, 186.

5 “Underlying the [cyberneticists'] mathematical approach to policy enforcement was a mechanistic model in which society is envisioned as a giant machine, to be run and managed according to... [t]he mechanization of the population, and the consequent dehumanization of the people comprising it...” Greenhalgh, *Just One-Child*, 188-189.

6 I acknowledge that it is perhaps a misnomer to refer to the one-child policy as such. However, I find that this specific distinction is negligible for the arguments advanced in the present paper.

7 Jing-Bao Nie, *Behind the Silence: Chinese Voices on Abortion* (Lanham: Rowman & Littlefield Publishers, 2005), 46.

8 This policy was implemented in the early 1970s and encouraged later marriage, longer intervals between children, and fewer children. Greenhalgh, *Just One-Child*, 32.

to deny allegations by victims, scholars, and activists that enforcement of the one-child policy culminated in human rights violations. Rather, the official position of the Communist Party of China is that the policy was a humanitarian success, in particular for its alleged prevention of 400 million births.⁹ Published reports on the one-child policy by the Chinese government inevitably advance this biased reasoning. Moreover, survivors, birth planning officials, and other witnesses to offences perpetrated by the state against violators of the one-child policy are highly discouraged from speaking to the foreign press about their experiences. Indeed, the Chinese government has, in some instances, directed “focused attacks on international entities and human rights advocates [who] paint a picture of a stifling and oftentimes terrifying life for the Chinese people.”¹⁰ The Chinese government also has restrictive and comprehensive control over the media and the internet which further limits victims’ ability to share their experiences with the public. Increasingly, online chat rooms and blogs posted to social media platforms, including Weibo and WeChat, provide a space for victims to ask questions about birth planning policies, search for abandoned or missing children, and make demands for human rights. However, online posts that are overtly critical of the one-child policy are consistently subject to bans and takedowns by the Chinese government.¹¹ Another significant obstacle to researching the one-child policy is that many of the women are hesitant to share their personal stories, especially to western audiences that are unfamiliar with traditional Chinese customs and values. In my research, I have found that women who have undergone forced abortions are more willing than those who have abandoned children to bring painful memories out in the open. This is in part because relinquishing mothers feel that they had more active involvement in the loss of their child. As we shall see further in this essay, these women harboured feelings of shame and regret for many years as a result of their individual

actions. The absence of sources means that there is a significant gap in our understanding of the scope and nature of public perceptions in China toward birth planning and its consequences.

Nonetheless, a number of researchers have succeeded in investigating the stories of Chinese mothers. These studies constitute the primary source material for the present paper. Specifically, I rely on interviews and field research, collected by journalists, social scientists, activist organizations, and western government officials, that have been translated into English and published in North America. The majority of authors in their research conceal or alter specific details about the interviewees, including their names, ages, and occupations, to protect their identities. Therefore, the stories below may feel incomplete, yet they are all true and reflect the collective trauma of the one-child policy which continues to linger in historical memory.

The intention of this research is to offer a feminist, intimate, and idiosyncratic perspective on the one-child policy and its consequences. Another impetus for conducting this research is a personal commitment to providing a voice to the neglected victims of the one-child policy and, in the process, destigmatizing the practices of abortion and child abandonment during this period. I include graphic photographs and unaltered personal quotes, not for sensational purposes, but rather to remind readers that these sources provide valuable insight into histories of mass violence from the perspectives of trauma victims. Regardless, I issue a warning to readers that this content may engender distress; I myself encountered some emotional difficulty in researching and writing this paper.

This paper commences with a survey of the historiography of the one-child policy, follows with a discussion of research theory and methodology, proceeds with an interpretation of abortion and child abandonment as traumatic experiences for Chinese mothers, and concludes with a discussion of the significance of a trauma-informed framework in contemporary histories of violence.

9 Kay Ann Johnson, *China's Hidden Children: Abandonment, Adoption, and the Human Costs of the One-Child Policy* (Chicago: University of Chicago Press, 2016), 24.

10 Robert Pittenger, *China's New "Two-Child Policy" and the Continuation of Massive Crimes Against Women and Children*.

11 See, for instance, “Daring Few Challenge China’s One-Child Limit,” *The Associated Press*, May 2, 2016, <https://www.denverpost.com/2011/12/24/daring-few-challenge-chinas-one-child-limit/>; and Didi Kirsten Tatlow, “China Censors Critic’s Discussion of Family Planning Policies,” *The New York Times*, September 7, 2016, <https://www.nytimes.com/2016/09/08/world/asia/china-fuxian-yi-population-one-child-policy.html>.

HISTORIOGRAPHY OF THE ONE- CHILD POLICY

SCHOLARSHIP ON THE one-child policy in China is international and interdisciplinary. The following is a review of the methodological approaches adopted by academics engaging in discourse on this topic. The first approach consists of an overview of the origins, implementation, and consequences of the one-child policy. Notable studies include Thomas Scarping's *Birth Control in China 1949–2000: Population Policy and Demographic Development*, which uses interviews, statistics, surveys and legal documents to trace the evolution of the policy from 1949–2000. Similarly, in *Just One-Child: Science and Policy in Deng's China*, Susan Greenhalgh offers a detailed examination of the ideological and historical foundations of the one-child policy.¹² Other scholars using this approach frequently examine quantitative data to determine the challenges China will confront as a result of the one-child policy: a striking gender imbalance, an aging population, a declining fertility rate, a contracting labour force, and a faltering economy.¹³

The second approach to the one-child policy is to conduct case studies. Such research tends to explore the social and cultural impacts of the one-child policy on families, communities, and regions. Investigations using this approach include Hong Zhang's fieldwork research on coping strategies of rural Chinese parents and Pui Yan Flora Lau's study on Chinese parents' grief process following the death of a singleton child.¹⁴

The third approach explores the morality of the one-child policy. Helena Rene evaluates one-childization and its implementation from ethical perspectives in western philosophy. She demonstrates that the policy raises many ethical concerns regarding individuals' human rights, such as reproductive rights and the right to privacy.¹⁵ Therefore, she finds that for a policy to be justifiable, it must "ultimately serve human interest while balancing obligation, rights, and ethics with economic feasibility."¹⁶

Finally, the fourth approach to the one-child policy is through ethnographic journalism. This genre "is characterized as the employment of immersion strategies adopted from social science for distinct storytelling purposes."¹⁷ Authors using this research method, including radio broadcaster Xue Xinran, Asian studies professor Kay Ann Johnson, and journalist Mari Manninen, intertwine personal biographies with firsthand interviews and participant observations.¹⁸ These studies arise foremost from a motivation to highlight the social costs of the one-child policy and therefore tend to include tragic stories from relinquishing mothers and international adoptees. Some authors using this approach likewise intend to cultivate a comprehensive and empathetic understanding of the one-child policy in a Western audience.

Although academics have hitherto provided insightful commentary on the human costs of the one-child policy, no published research, to date, has endeavoured to use psychological theories of trauma to interpret the reactions of Chinese mothers. My research, while it is indebted to and inspired by previous studies on the one-child policy, principally aims to redress this oversight. This paper seeks to expand the scope of scholarship on histories of mass violence to encompass trauma analysis, an emerging trend in recent historiography (see *History and Trauma Studies* below).

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- 12 Thomas Scarping, *Birth control in China 1949–2000: Population Policy and Demographic Development* (London: Routledge, 2003); Greenhalgh, *Just One-Child*.
- 13 See, for instance, Barbara H. Settles et al., "The One-Child Policy and Its Impact on Chinese Families," in *International Handbook of Chinese Families*, ed. Kuok-bun Chan, (New York: Springer, 2013), 627-646.
- 14 Hong Zhang, "Bracing for an Uncertain Future: A Case Study of New Coping Strategies of Rural Parents Under China's Birth Control Policy," *The China Journal*, no. 54. (July, 2005): 53-76; Pui Yan Flora Lau, "Coping with the Death of Singleton Children in China: The Role of Social Capital," *International Journal of Sociology and Social Policy*, no. 5/6. (June 2014): 401-415.
- 15 For a philosophical evaluation of the one-child policy, see Helena Rene, "Ethical Perspectives on China's One-Child Policy," *Journal of the Washington Institute of China Studies*, no. 1. (2007): 50-61.
- 16 Rene, "Ethical Perspectives on China's One-Child Policy," 61.
- 17 Anne Kristine Hermann, "Ethnographic Journalism," *Journalism*, no. 2 (December 2014): 260.
- 18 Xue, *Message from an Unknown Chinese Mother: Stories of Loss and Love*; Johnson, *China's Hidden Children: Abandonment, Adoption, and the Human Costs of the One-Child Policy*; Mari Manninen, *Secrets and Siblings: The Vanished Lives of China's One-Child Policy* (London: Zed books, Ltd., 2019).

THEORY AND METHODOLOGY

“The conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma.”

Judith Herman, Trauma and Recovery, 1997

Psychological Trauma

In medicine, trauma is defined as a blunt force or penetrating physical injury inflicted by an external agent. For the purposes of the present paper, trauma is used in the psychological context. Trauma, unless otherwise stated, refers to a psychological response to an incident “that is experienced by an individual as...emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.”¹⁹ Psychological trauma can be acute, resulting from a single event, such as rape; chronic, resulting from repeated exposure to a series of events, including domestic abuse; or complex, resulting from a varied and cumulative set of circumstances, like genocide or human trafficking.

Psychological trauma is a universal and expected response to distressing situations, although some communities (indigenous groups) and occupational groups (first responders, journalists, and military service members) are more susceptible. Reactions to trauma depend on the disposition of the affected individual and on the nature of the event – natural or anthropogenic, accidental or intentional, interpersonal or communal.²⁰ Immediate responses in the aftermath of trauma tend to be more severe yet resolve over time; some feelings and reactions include exhilaration, disorientation, denial, nausea, restoration of faith, and depersonalization. Delayed responses to trauma occur at least six months after the traumatic event and per-

sist for extended periods of time. The following are examples of common delayed responses: depression, shame, social withdrawal, suicidal ideation, and intrusive memories or flashbacks.²¹

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) by the American Psychiatric Association offers a description of the post-traumatic stress disorder condition and its accompanying symptoms. However, it is possible for victims to experience symptoms of trauma without fulfilling the diagnostic criteria for trauma-related disorders. Several other models exist to conceptualize, address, and intervene in experiences of trauma. However, it is important to note that trauma is neither a “stable [n]or immobile notion.”²² Remembering that it is not the event itself that induces trauma but rather the subjective experience of the individual to that specific event is foremost in sympathizing with victims.

The objective of the present paper is educational and historical; the discussion herein is not intended to medically diagnose or pathologize. Therefore, I refrain from employing the terms Post-Traumatic Stress Disorder (PTSD) and Acute Stress Reaction (ASD).

History and Trauma Studies

Psychological trauma theory emerged in the late nineteenth century as interdisciplinary research into the range of impacts of traumatic experiences. In the last few decades, an emergent branch of historiography has sought to apply psychological trauma theory to past events of mass violence, such as wars and genocides. This research is extensive, focusing foremost on the prevalence of shell shock syndrome, the precursor diagnosis to PTSD, among war veterans during both World Wars, the atomic bombing of Japan, and the Vietnam War.²³ Recent studies have also examined strategies of resilience among civilian survivors and the recurring effects of traumatic events. For example, in the study “Holocaust Survivors: Coping with Post-Traumatic Memories in Childhood and 40 Years Later,” the au-

¹⁹ U.S. Department of Health and Human Services, *Trauma-Informed Care in Behavioural Health Sciences* (Rockville: SAMHSA, 2004), xix.

²⁰ U.S. Department of Health and Human Services, *Trauma-Informed Care in Behavioural Health Sciences*, 33-46.

²¹ U.S. Department of Health and Human Services, *Trauma-Informed Care in Behavioural Health Sciences*, 62.

²² Christa Schonfelder, *Wounds and Words: Childhood and Family Trauma in Romantic and Postmodern Fiction* (Bielefeld: Transcript Verlag, 2013), 28.

²³ Mark S. Micale, “The New Historical Trauma Studies,” *Psychiatric Times*, no. 3 (March, 2009), <https://www.psychiatrictimes.com/view/new-historical-trauma-studies>.

THE ONE-CHILD POLICY

A Source of Psychological Trauma

thors examine responses to war memories and coping strategies adopted by child victims during the Second World War.²⁴ Research using this approach relies on semi-structured interviews and quantitative analysis. Therefore, these studies do not give prominence to the personal narratives of survivors; rather, the findings are generalized and summarized for publication.

A new trend in historical trauma studies diverges from the traditional focus on men and conflict to instead investigate events of femicide and gendered violence. This approach was pioneered by Diana Russel, whose research demonstrated that traumatic responses among victims of rape, child abuse, and domestic assault were similar to those experienced by men at war.²⁵ Another example of research that synthesizes trauma and feminist studies is “Sexualized Racism/Gendered Violence: Trauma and the Body Politic in the Reconstruction South.” Law professor Lisa Cardyn examines the acts and objectives of sexualized violence against women and freed African American slaves during the post-Civil War era in the United States.²⁶ Her chapter titled “The Traumatized of Klan Violence” is especially relevant to the present paper; Cardyn uses primary sources to establish that those victimized by lynching, rape, and genital mutilation experienced responses associated with trauma. Still, an explicit discussion of trauma theory is absent from her research.

Therefore, the present paper observes and supplements the subfield of historical trauma studies that employs a methodology synthesizing oral history, gender studies, and psychological trauma theory. The research at hand uses interdisciplinary scholarship on the causes and symptoms of psychological trauma to interpret extant and published interviews with Chinese mothers on their personal experiences with abortion and adoption during the one-child policy. As Cardyn writes, “we will never comprehend fully the magnitude of those assaults and the myriad traumas they engender.”²⁷ This paper nonetheless endeavours to ensure that victims of trauma, including the millions affected by the one-child policy, are acknowledged as such.

THIS SECTION EXAMINES abortion and abandonment as sources of trauma under the one-child policy. It needs no explanation that abortion and abandonment were distressing experiences for mothers, yet the particular exigencies of the one-child policy conditioned and exacerbated these negative consequences. The one-child policy was an endeavour, by coercive and violent means, to alter the nature of the population, thereby undermining existing socio-economic and cultural aspects of rural Chinese society and instigating a sudden and coercive reorganization of the family and community structure. These circumstances in turn heightened the vulnerability of Chinese mothers to trauma.

Abortion

“The scars in my heart are one million times more painful than the scars on my body!”

Wujian, 2009

“It is better to have one more grave than an ‘Out of Plan’ infant.”

Anonymous Family Planning Official, 2008

Induced abortion, the deliberate termination of a pregnancy, has been practiced throughout history, regardless of prevailing religious or legal norms. However, the implementation of the one-child policy in 1979, by restricting the number of births per family, precipitated an increase in abortions—in particular, of female fetuses. Chinese rural society’s emphasis on patrilineality

24 A. Mazor, Y. Gampel, R.D. Enright, and R. Orenstein, “Holocaust Survivors: Coping with Post-Traumatic Memories in Childhood and 40 Years Later,” *Journal of Traumatic Stress*, no. 1 (1990): 1-14.

25 Diana Russel, *The Politics of Rape: The Victim's Perspective* (New York: Stein & Day, 1975).

26 Lisa Cardyn, “Sexualized Racism/Gendered Violence: Outraging the Body Politic in the Reconstruction South,” *Michigan Law Review*, no. 4 (February 2002): 675-867.

27 Cardyn, “Sexualized Racism/Gendered Violence,” 836.



Man gesturing towards missing child poster. [1]

necessitated that every couple give birth to a son who would inherit the property and preserve the ancestral lineage: “Around these parts, you can’t get by without a son. [...] If your children don’t eat, and don’t earn, and you have no land and no grain, then you might as well starve!”²⁸ If families could only have one child, then a boy was favoured.

In 1986, the Communist Party outlawed prenatal sex-selective abortions, a tacit admission of the ensuant rise in female abortion and infanticide. The use of ultrasounds to identify the sex of the fetus was forbidden, except for the purpose of diagnosing hereditary and genetic diseases.²⁹ Individuals in violation of this law, including aborting mothers and assisting doctors, could incur financial penalties or be deprived of employment status. However, enforcement was inconsistent, especially in the countryside where surveillance was more lenient. Consequently, families adopted strategies to circumvent policy regulations. For example, upon departing from a visit to a clinic, a health

worker might offer the family a blue or pink candy in exchange for money or a favour. Midwives and bare-foot doctors offered a similar service, relying on folk wisdom to ‘predict’ the sex of the child; taking bigger strides with the left foot, for instance, was a sign that the mother was pregnant with a boy.³⁰ Once the sex of the child was determined, families seeking abortions consulted midwives or “black clinics.” The latter, explains activist Sarah Huang, “are unregistered abortion clinics that typically have illegal ultrasound machines. [...] These clinics offer a variety of services from gender identification to late-term abortions, with all services offered on an anonymous basis.”³¹ Unregistered black clinics provided parents with the opportunity to hide their pregnancy from local authorities and thus to preserve their chance of having a male child. The practice of illegal yet voluntary sex-selective abortion therefore escalated under the one-child policy.

Although countless induced abortions were performed on an elective basis, evidence suggested that

28 Xue, *Message from an Unknown Chinese Mother*, 47.

29 Chu Junhong, “Prenatal Sex Determination and Sex-Selective Abortion in Rural Central China,” *Population and Development Review*, no. 3 (June 2001): 260.

30 Ma Hongnan and Ed Rosenberg, “Learning Womanhood in China,” *Anthropology and Humanism*, no. 1 (1998): 16.

31 Testimony by Sarah Huang at *China’s New “Two-Child Policy” and the Continuation of Massive Crimes against Women and Children*; Hearing before the Congressional-Executive Commission on China, One Hundred and Fourteenth Congress, First Session (December 2015): <https://www.govinfo.gov/content/pkg/CHRG114hhrg98715/html/CHRG114hhrg98715.htm>.

coercive abortion occurred during this period. An abortion was coercive if it occurred when the mother was incapable of consenting or when consent was obtained under duress. Coercive abortion had been prohibited by the Chinese government yet increased at the height of the one-child policy in the mid-1980s, due both to resistance among the population and to state pressure on cadres to execute birth planning policies. Within this context, I highlight three aspects of coercive abortions that resulted in traumatic experiences for Chinese women.

The first refers to the circumstances that precipitated an abortion. Although economic and social justifications for the policy were by and large accepted, there was nonetheless resistance among the people. Opposition was especially pronounced in the countryside because the one-child policy contradicted the agrarian custom of multiple-child families. Peasants consequently responded to this dramatic disruption of family organization through sabotage or outright defiance. Some tactics included the removal of IUDs, the transmission of false rumors about policy regulations, and the abuse of family planning officials.³² Cadres likewise resisted the policy; some disagreed with its ideological underpinnings while others simply disregarded it, focusing on other tasks such as production.

However, in 1981, the cadre responsibility system was established to promote mass conformity with the policy. This system rewarded cadres who complied with the state directives and punished those who failed to fulfill birth planning quotas and attain population targets. In 1989, birth planning officials in one Sichuan township were obliged, regardless of rank, to pay a fine of between 50 to 100 yuan for every out-of-plan child in their district.³³ Therefore, cadres had “only three choices if the people in their units will not comply voluntarily with family planning requirements: accept the penalties, falsify the reported data, or resort to coercion.”³⁴ Of note, cadres had already been employing coercive measures, yet after 1981 the penalties for disobedient families became more severe. Thus, the pressure imposed by the state on

family planning officials to ensure that the policy was respected frequently trumped any ethical concerns.

Chinese women pregnant with an out-of-plan child responded by developing strategies to avoid sanctions, such as hiding in neighbouring villages or bribing officials with money. However, when these schemes failed, family planning officials were sent to persuade mothers to “voluntarily” abort their child using veiled threats. In one case, the home of one Beijing teacher was visited six times a day for two months by a group of family planners in an attempt to convince her to abort the child.³⁵ Lu Min shares a similar story of her mother’s experience being pregnant with an out-of-plan child.

“And then the director of the local committee of the Women’s Federation came, and the head of the school, and the head of the production brigade. We had a stream of visitors wearing down the threshold. Our home had never been so crowded. Each visitor would weigh in with a new argument. My mother’s teaching position could not be guaranteed – that was clear. Then there was my grandfather, the brigade’s accountant... he would be dismissed as well, by association. [...] The next step, they said gravely, would be to go to Nanjing, the provincial capital, and find my university-educated father, who was working as an engineer, a highly respected position...”³⁶

These instances of admonishments by family planners and community leaders caused some mothers to develop feelings of isolation, shame, helplessness, and alienation—all of which are symptoms that can develop after a traumatic experience. If abuse was persistent and cumulative, then such negative emotions could amount to a perception of a foreshortened future, an “anticipation that normal life events won’t occur.”³⁷ Indeed, one mother fled her village because the verbal abuse from neighbours had become “unbearable.”³⁸

Compliance with policy regulations was also solicited through the confiscation of property and the

32 John Shields Aird, “Coercion in Family Planning: Causes, Methods, and Consequences,” in *China’s Economy Looks Toward the Year 2000*, edited by U.S. Joint Economic Committee (Washington D.C.: Government Printing Office, 1986), 190-193.

33 Cecilia Milwertz, *Accepting Population Control: Urban Chinese Women and The One-Child Family Policy* (Surrey: Curzon Press, 1997), 89.

34 Aird, “Coercion in Family Planning,” 196.

35 Aird, “Coercion in Family Planning,” 197.

36 Lu Min, “A Second Pregnancy,” translated by Helen Wang, *Paper Republic*, November, 2015, accessed January, 2020, <https://paper-republic.org/pubs/read/a-second-pregnancy-1980/>.

37 U.S. Department of Health and Human Services, *Trauma-Informed Care in Behavioural Health Sciences*, 60.

38 Xue, *Message from an Unknown Chinese Mother*, 49.

destruction of homes. In Chen Zhou, Hunan, militia propaganda teams chanted while performing such acts; the purpose of using slogans was a paradoxical combination of arousing support among the people and of causing intimidation. One common chant in the village was, “Houses will be razed if you refuse tubal ligation [sterilization]; cattle will be seized if you refuse abortion; nobody cares if you want to protest by suicide; it is better to have people die than to have ‘out of the plan’ children.”³⁹ Perhaps as expected, impoverished families were disproportionately vulnerable to abuse at the hands of family planners. Reggie Littlejohn, President of Women’s Rights Without Frontiers, testified in a Congressional Hearing on China that Chinese “women who are poor, whose relatives do not work for the government, and who do not have any power to defend themselves are more likely to be forcibly aborted.”⁴⁰

Officials were also encouraged to use collective forms of punishment, including the administration of fines to neighbours and the detention of family members.⁴¹ Goa, a family planning official, claims that detaining elderly parents was the most effective strategy: “Few people could feel good, knowing their old mother was in prison because of them.”⁴² The imprisonment of a relative placed mothers in an impossible dilemma; one woman recalls, “on the fourth day after they caught my father, one neighbor came and told me that my father was dying: they would continue beating my father—even to death—until I went to the local hospital to get an abortion.”⁴³

If resistance to the birth policy persisted, family planners resorted to abduction and imprisonment. A former county-level administrator describes the predatory nature of the one-child policy: “We had heard of a woman pregnant with an out-of-plan baby who had

run away to a neighbouring village. So, we made preparations to catch her at night. I got together a team of six or seven people. We surrounded the house. We were very quiet...”⁴⁴ This account suggests that raids against pregnant mothers were coordinated and systematized, even involving the public participation of a significant portion of the village. In other cases, women were arrested by the truckload in a haphazard and erratic manner; this strategy was effective in signalling the indiscriminate control of the family planning office over the population.⁴⁵ Indeed, mothers were obliged to come to the realization that resisting family planning policy was a futile struggle. One civilian witness recalls that “[the family planning officials] never let those women go. They caught them on the streets and made them deliver their children there. The babies were immediately taken away after the delivery and were killed alive.”⁴⁶ Once apprehended, women were “tied up like pigs and dragged” to unregistered clinics.⁴⁷ According to Steven Mosher, author of *A Mother’s Ordeal: One Woman’s Fight Against China’s One Child Policy*, pregnant mothers were confined to holding pens in these clinics and subjected to morning-to-night propaganda sessions.⁴⁸ These circumstances had the psychological impact of demoralizing and disorienting pregnant mothers. All told, hundreds of women were made to succumb to the coercion of the one-child policy. The situation—a deadly game of cat and mouse—bred an atmosphere of perpetual uncertainty and terror for pregnant women. Combined with the social, legal, and financial pressure from the community against which they were often powerless, their mere day-to-day life became a source of trauma for countless women.

The second reason that abortions caused trauma concerned the procedure itself. An abortion is a

39 China Aid and Women’s Rights Without Frontiers, “New Evidence Regarding China’s One Child Policy: Forced Abortion, Involuntary Sterilization, Infanticide and Coercive Family Planning,” paper presented for the *Hearing before the U.S. Congressional Tom Lantos Human Rights Commission*, November, 2009, 34.

40 Prepared Statement of Reggie Littlejohn presented at *China’s New “Two-Child Policy” and the Continuation of Massive Crimes against Women and Children*: Hearing before the Congressional-Executive Commission on China.

41 China Aid and Women’s Rights Without Frontiers, “New Evidence Regarding China’s One Child Policy: Forced Abortion, Involuntary Sterilization, Infanticide and Coercive Family Planning,” 12.

42 Mei Fong, *One-Child: The Story of China’s Most Radical Experiment* (Boston: Houghton Mifflin Harcourt, 2016), 75.

43 Women’s Rights Without Frontiers, “Cases: Wujian,” *Women’s Rights Without Frontiers*, accessed in March 2021, <https://www.womensrightswithoutfrontiers.org/index.php?nav=cases>.

44 Fong, *One-Child: The Story of China’s Most Radical Experiment*, 82.

45 Julie Jimmerson, “Female Infanticide in China: An Examination of Cultural and Legal Norms,” *Pacific Basin Law Journal*, no. 1 (1998): 65.

46 China Aid and Women’s Rights Without Frontiers, “New Evidence Regarding China’s One Child Policy,” 11.

47 *One Child Nation*, directed by Nanfu Wang and Jialing Zhang (2019; Salt Lake City: Next Generation, 2019), Documentary Film.

48 Statement by Steven Mosher presented at *China’s New “Two-Child Policy” and the Continuation of Massive Crimes against Women and Children*: Hearing before the Congressional-Executive Commission on China.

relatively benign operation to terminate a pregnancy which, under the majority of circumstances, does not bring about any substantial or prolonged emotional or physical injury. However, the demands of the one-child policy transformed a simple procedure into a devastating experience for many women.

During the era of the one-child policy, coercive abortion was officially an unlawful practice. If a doctor were discovered carrying out an abortion in a registered hospital without the express consent of the family, the entire medical staff could be subject to ruinous fines or the revocation of professional licenses.⁴⁹ Coercive abortions were therefore discreet affairs, conducted in makeshift, unregistered black clinics and executed by opportunistic doctors in a systematic, wholesale, and unsympathetic manner. One woman offers a description of an abortion facility: "There were high walls and gates, and [Population and Family Planning Office] workers as guards following you and keeping the gates. We were just like prisoners. It was so terrible."⁵⁰ As a matter of fact, the women brought into these clinics were regarded and treated punitively, from "the identification of pregnant women as criminals, [to] their arrest, [to] their imprisonment, and at the end of the day with their forced abortion and forced sterilization."⁵¹ Chinese mothers directly enduring these isolating and dehumanizing conditions were individually traumatized.

Psychological trauma also ensued from observing the distress of other mothers at the clinic. One woman describes one room in the abortion clinic "full of moms who had just gone through a forced abortion. Some moms were crying, some moms were mourning, some moms were screaming, and one mom was rolling on the floor with unbearable pain."⁵² Such a horrifying sight could cause mothers awaiting their abortions to feel heightened irritability, fear, and grief. This phenomenon

is referred to as vicarious or secondary trauma: indirect trauma that can occur from physical or emotional exposure to the trauma experienced by others.⁵³ Moreover, due to inadequate sex education in rural villages, women apprehended for coercive abortions exhibited trepidation at the presumed consequences of abortion, namely infertility.⁵⁴ The anticipation of negative physical consequences gave rise to trauma responses, including a sense of impending disaster and extreme fragility.

The attitudes of the medical staff and doctors could further contribute to the suffering of mothers. The motivation of some doctors for conducting coercive abortions derived from a duty to protect and promote the family planning initiative and its civic goals. This sentiment is exemplified in the words of Dr. Dang, a gynecologist: "Overpopulation, a poor foundation to start with, an underdeveloped economy, and the poor health and genetic quality of the population – these are realities in China. Therefore, bearing many children is disadvantageous not only to the country but also to the family."⁵⁵ Other doctors were coerced into performing forced abortions: "If [the mother] comes with the family planning official, we have no way out... We really cannot bear to see these [dead fetuses], but we have to do what is required."⁵⁶ These doctors tended to harbour resentment toward the patients who, in a way, obliged them to balance conflicting moral and national responsibilities. The older generation of doctors and nurses were especially critical of mothers pregnant with out-of-plan children. Disapproving and admonishing remarks by doctors, though perhaps well-intentioned, increased the psychological pain of the patient.⁵⁷ One mother recalls the reproachful and chastising attitude of the medical staff: "[T]hey said some very bad words about me, such as my getting pregnant due to an affair or extramarital sex. They implied that I deserved all the pain."⁵⁸ Abusive comments

49 Xue, *Message from an Unknown Chinese Mother*, 189.

50 China Aid and Women's Rights Without Frontiers, "New Evidence Regarding China's One Child Policy," 11.

51 Statement by Steven Moshern presented at *China's New "Two-Child Policy" and the Continuation of Massive Crimes against Women and Children*: Hearing before the Congressional-Executive Commission on China.

52 Women's Rights Without Frontiers, "Cases: Wujian."

53 Secondary victimization is also known as compassion fatigue; "it occurs by visiting scenes of destruction, and talking to, and photographing, people who have been injured or traumatized." This phenomenon typically affects journalists, first aid responders, and psychologists but can likewise affect bystanders and potential victims. Roger Simpson and William Coté, *Covering Violence: A Guide to Ethical Reporting About Victims of Trauma* (New York: Columbia Press, 2006), 37.

54 Nie, *Behind the Silence*, 137; 144.

55 Nie, *Behind the Silence*, 170.

56 Nie, *Behind the Silence*, 181.

57 Nie, *Behind the Silence*, 184.

58 Nie, *Behind the Silence*, 143.

such as these toward mothers who had already endured substantial pressure to undergo an abortion only added to feelings of anxiety and stress, and further increased their sensitivity to trauma.

Moreover, abortion procedures could be extremely painful. In the countryside, abortion was performed using traditional techniques, including medicinal treatments and “mechanical or manipulative means,” such as beatings or rigorous exercises.⁵⁹ However, mothers seized by family planning officials were transported to cities. Although these facilities were equipped with medications, antibiotics, and anesthetics, impoverished families could not afford to purchase them. As a result, even voluntary induced abortions were almost always performed without anesthesia. For Ms. Fang, the abortion was a horrific and agonizing experience: “I constantly vomited. My body was cold, and I broke out into a cold sweat. My entire body was trembling.”⁶⁰ These reactions, nausea—shivering, and uncontrollable shaking—are common physical responses to extreme stress following a traumatic event. The coercive abortion procedure further caused Ms. Fang to develop an irrational aversion to any and all medical instruments.⁶¹ The latter response is a generalization of triggers that is a maladaptive coping strategy adopted by victims of trauma which transfers fear of an event (in this case, abortion) to a different, unrelated and harmless event (other medical procedures).⁶²

Another long-term negative health impact on women was physical weakness brought about, not only by the abortion itself, but also as a symptom of trauma; some women were reportedly no longer strong enough to pump water from the village well.⁶³ The deterioration of the health of mothers after a coercive abortion had a devastating impact on the economic conditions of the family, thereby amplifying feelings of self-blame, worthlessness, and loss of purpose—all of which are com-

mon reactions to trauma. Therefore, both the neglect from the medical staff and the physical discomfort of the abortion procedure could contribute to exceptionally traumatic abortion experiences that extended beyond the walls of the abortion clinic.

The third, and by far most significant, cause of trauma was the loss of a child, and the resulting grief and shame. For many women, childbirth is a deeply personal and emotional experience, representing a rite of passage into motherhood. The one-child policy interfered in and subsequently destroyed this experience for countless women. The unanticipated and coercive circumstances that accompanied an abortion abruptly severed the intimate bond and attachment formed between the baby and the mother during pregnancy. The emotional impact of this physical separation, for some mothers, culminated in a traumatic grief response. This phenomenon is provoked by the loss of a significant other and is understood as “the traumatic distress of adjusting to life without that figure.”⁶⁴ Some symptoms associated with this specific response included a feeling of futility about the future and a shattered worldview, meaning that individuals no longer hold positive assumptions about the world and themselves. These intrusive and debilitating emotions are expressed by Wujian, a victim of a forced abortion, in her testimony presented to the Human Rights Commission in 2009:

“I could feel that, little by little, my baby... was separated from my body. S/he was the flesh of my flesh, the bone of my bone, a part of my body. [...] I cried while talking to my baby and I preferred to die together with my baby at that moment. Nothing sounded meaningful at all for me in this world: In fact, part of me had already died – part of me was already gone and gone forever!”⁶⁵

59 William Parish and Martin King Whyte, *Village and Family in Contemporary China* (Chicago: Chicago University Press, 1978), 144-145; Susan M. Rigdon, “Abortion Law and Practice in China: An Overview with Comparisons to the United States,” *Social Science and Medicine*, no. 4 (February 1996): 548.

60 Nie, *Behind the Silence*, 143.

61 Nie, *Behind the Silence*, 143.

62 Stephanie Lis, et al., “Generalization of Fear in Post-Traumatic Stress Disorder,” *Psychophysiology*, no. 1 (January 2020): 1-16.

63 Statement by Reggie Littlejohn, *China’s New “Two-Child Policy” and the Continuation of Massive Crimes against Women and Children*: Hearing before the Congressional-Executive Commission on China.

64 “The diagnostic criteria for traumatic grief center on two components: the separation distress of losing an attachment figure and the traumatic distress of adjusting to life without that figure. Correspondingly, traumatic grief symptoms include some intense, impairing grief symptoms as well as symptoms of PTSD.” Yuval Neria and Brett Litz, “Bereavement by Traumatic Means: The Complex Synergy of Trauma and Grief,” *Journal of Loss and Trauma*, no. 1 (January 2004): 77.

65 Women’s Rights Without Frontiers, “Cases: Wujian.”

When inherent assumptions—benevolence and meaningfulness of the world—are invalidated in the aftermath of a traumatic event, victims are obliged to alter or construct a new conceptual system that enables them to function emotionally. However, some victims instead adopt overly pessimistic and fatalistic attitudes which can impede trauma recovery.

Disturbed eating patterns, dreams of the deceased child, and decreased activity levels were further responses prevalent among Chinese mothers traumatized by forced abortions. Again, the case of Wujian is illustrative: “I did not eat anything, or even drink any water, for several days. I barely talked with anyone. [...] I cried day and night... Physically I recovered after about one month, but psychologically and spiritually – never! At that time, I got a migraine headache, and it is with me up to today.”⁶⁶

The traumatic impact of a terminated pregnancy can likewise manifest itself in a transformation of behaviours. For example, Li Dapeng explains that his wife, after her coercive abortion, suffered so extremely from post-traumatic stress and depression that she developed a fear and avoidance of becoming pregnant again.⁶⁷ Such avoidant behaviours are used by victims of trauma to reduce anxiety. However, over time, anxiety, and the perception of a situation as dangerous (in this case, sex), increase, thereby culminating in an even greater need to avoid any activities that might be considered reminders of the traumatic event.⁶⁸

Another response detected among Chinese mothers was the development of suicidal ideation which ranges from fleeting thoughts of suicide to concrete, detailed plans. According to social workers Veronica Pearson and Meng Liu, “suicide is not only a gesture of despair but also frequently one of anger, moral outrage, and revenge, or the ultimate means by which to express a deeply felt sense of having been wronged.”⁶⁹ Li, a survivor of a forced abortion, remembers that “on the night

[another woman] lost her baby, she jumped out from the fourth floor because of her bitterness over losing a child. She died immediately.”⁷⁰ Therefore, for some women, suicide was a means of alleviating distress, of protesting against the one-child policy, and of symbolically reuniting with the lost child.

Trauma could be even more profound and pervasive for the unfortunate mothers who caught a glimpse of their lost child—a small finger or tuft of hair: “Through my tears, the picture of the bloody foot was engraved into my eyes and into my heart...”⁷¹ Due to the practice of concealing out-of-plan pregnancies, mothers apprehended by family planning officials were frequently in their second or third trimester. This resulted in the birth of a fetus that closely resembled a baby at full-term. Sometimes mothers would ask to see their deceased child. At other times, the medical staff would force women to confront the significance of their actions. For Wang Liping, lying beside her dead fetus was a numbing and sorrowful experience.

“When I woke up in the morning, there was a doctor standing by my bed and asked for money to get rid of the fetus’ body. I said I had no money and so they just used a plastic bag to wrap my baby and put it beside me.”⁷²

Extreme sadness could sometimes turn into shame. The latter feeling arose “when people see themselves as helpless, weak, or incapable... [thereby] scrambling their thinking abilities.”⁷³ This reaction to a traumatic event is known as cognitive shock. Rather than exhibit anger against their abusers, some victims of trauma internalize the blame as a perverse, maladaptive coping strategy. After her coercive abortion, Lin Yi lamented, “As your mom, I am sorry that I could not protect you. I could not protect your life even in front of my eyes. I have to watch you be killed inside of me. I am sorry

66 Women’s Rights Without Frontiers, “Cases: Wujian.”

67 Manninen, *Secrets and Siblings*, 48.

68 U.S. Department of Health and Human Services, *Trauma-Informed Care in Behavioural Health Sciences*, 73-74.

69 Veronica Pearson and Meng Liu, “Ling’s Death: An Ethnography of a Chinese Woman’s Suicide.” *Suicide and Life-Threatening Behavior*, no. 4 (2002): 355.

70 China Aid and Women’s Rights Without Frontiers, “New Evidence Regarding China’s One Child Policy,” 11.

71 Women’s Rights Without Frontiers, “Cases: Wujian.”

72 Women’s Rights Without Frontiers, “Cases: Wang Liping.”

73 The term “cognitive shock” was coined by psychiatrist Donald Nathanson, in 1997, and refers to a transient inability to think and a failure to cope with stress when an individual experiences acute shame. Simpson and Coté, *Covering Violence: A Guide to Ethical Reporting About Victims of Trauma*, 32.

my baby. Maybe in our next generation, I can make it up to you..."⁷⁴ Such self-blame attitudes may represent a means of regaining control over the confusion, thereby deflecting from the full horror of the event and allowing the victim to recover with less difficulty.⁷⁵

The descriptions I have presented above are not, of course, representative of all incidents of coercive abortions under the one-child policy in China. Nor do I include these vivid, and sometimes disturbing, narratives to be purposely sensational. Instead, I interpret these few stories of Chinese mothers as reflections of the intrusive and lingering nature of traumatic memories. In sum, although abortions during this period were normalized, the coerciveness of family planning methods, the demoralizing environment of the abortion clinic and staff, the accompanying physical pain of the operation, and the eventual unwanted and unexpected loss of a child were contributing sources to the prolonged traumatization of Chinese mothers.

Abandonment

"I just want to know that my daughter is alive somewhere in this world. Then my heart can rest."

Wang Xiaolan, 2010

"Did they send me daughters when I asked for sons?"

Mulan, Disney Animated Film, 1998

"My daughter Yuqing, I hope you are in heaven now. Mommy will forever miss you. I will live in guilt for the rest of my life."

Anonymous, 2008

In traditional Chinese culture, abandonment, the deliberate action of permanently deserting a child, was a common and culturally accepted practice. Professor Ann Kinney writes that justifications for abandonment were "based on divinatory pronouncements

which predict disaster for the family who rears an ill-omened child; [or] based on economic, social and political conditions that make it impossible or impractical to rear new additions to the family."⁷⁶ Due to the patrilineal nature of Chinese society and the custom of dowry, the gender of the newborn child was a matter of consideration in assessing its future impact on the family. Girls were conceived of as additional burdens to their natal families because they contributed only to their husband's lineage.⁷⁷ Thus, according to Kinney, "the birth of a child was...viewed not so much like the birth of an individual with its own individual right to existence," but rather as a period of observation whereby the family contemplated the capacity of the child to contribute to the survival of the family as a whole.⁷⁸

The custom of adoption had a mitigating influence on the rate of infanticide in China. Kinney notes that foundling boys were frequently embraced by families with no sons. Although foundling girls were also adopted, parents may have "preferred to kill unwanted children immediately after birth instead of subjecting them to prolonged suffering, slave traders, or other predators of the outside world."⁷⁹ Nonetheless, this customary system of circulating children among families was an established, distinctive, and prominent feature of traditional Chinese kinship. By the 1949 Chinese Civil War, infant abandonment was an infrequent phenomenon, practiced nearly exclusively in rural communities. The decrease in this practice was attributed to land reforms and ideological programs against female discrimination by the Communist Party. These developments mitigated socioeconomic and cultural motivations for abandoning infants, especially girls.

However, the one-child policy in 1979 precipitated the re-emergence of infant abandonment and infanticide. In her article "Female Infanticide in China," Julie Jimmerson maintained that accounts of female abandonment and infanticide appeared in Chinese newspapers as early as in late 1982.⁸⁰ Although the Communist Party responded by criminalizing these

⁷⁴ China Aid and Women's Rights Without Frontiers, "New Evidence Regarding China's One Child Policy," 38.

⁷⁵ Cynthia J. Najdowski and Sarah E. Ullman, "PTSD Symptoms and Self-Rated Recovery among Adult Sexual Assault Survivors: The Effects of Traumatic Life Events and Psychosocial Variables," *Psychology of Women Quarterly*, no. 1 (March, 2009): 43-53.

⁷⁶ Anne Behnke Kinney, "Infant Abandonment in Early China," *Early China* (1993), 127.

⁷⁷ Kinney, "Infant Abandonment in Early China," 123.

⁷⁸ Kinney, "Infant Abandonment in Early China," 122.

⁷⁹ Kinney, "Infant Abandonment in Early China," 133.

⁸⁰ Jimmerson, "Female Infanticide in China," 65.

practices, government officials often failed to sanction parents. One report explained, “cadres in the countryside even support and sympathize with such criminal acts, saying that people naturally want a boy, not a girl, since they are told that they may only have one child.”⁸¹ In fact, authorities frequently assisted parents by turning a blind eye or by transporting out-of-plan infants to outside villages for adoption. Even when legal action against abortion occurred, the sheer number of abandoned infants made it difficult for cadres to locate parents and enforce penalties. In Guangdong province, in 1989, it was projected that parents abandoned 10,000 infants.⁸² These children were found in markets, at train stations, and under bridges, often with no belongings or papers to indicate their place of birth. Local officials were unwilling or unable to restrict abandonments and infanticides, and these practices were rarely assured punishment and not formally condemned. This inaction therefore resulted in the tacit acceptance of these practices.

Furthermore, the one-child policy inhibited the tradition of informal adoption, which had hitherto acted as a necessary control on the surplus of abandoned infants. During the early years of family planning, informal adoptions were still commonplace; it was a widespread practice to give an additional or unwanted child to childless relatives or neighbours. This arrangement concealed the identities of the parents from official records, thereby shielding them from potential sanctions, and enabled the relinquished child to benefit from the status and rights of his or her adoptive family. It also provided the possibility of parenthood to single adults or couples struggling with infertility.

In the context of adoption, children of both genders were valued. Author Kay Ann Johnson explains, “to be childless in Chinese culture is socially unacceptable and considered a severe deprivation—if not, as in the past, a moral failing. With little chance of adopting a son, many childless couples are eager to adopt a daughter.”⁸³ However, in 1989, the Chinese government tightened family planning regulations in response to the high number of unregistered infants,

including those adopted outside government channels and knowledge.⁸⁴ The state issued financial penalties or relocated adopted children to an orphanage if an adoptive family could not supply an official birth permit. These sanctions dissuaded families from adopting despite the high supply and demand for orphans. The other alternative for families with surplus children was thus abandonment.

There is often a tendency, both within and outside of China, to regard mothers that have abandoned their children as perpetrators rather than victims. The three accounts that follow challenged this narrative by highlighting both the emotional costs of relinquishing a daughter and the external factors that pushed them to make that decision.

In 1984, Mrs. Li Jincai and Mr. Wu Shouhui welcomed their second daughter. In their rural village of Lingxin, the policy allowed couples to have two children. Although the young couple wanted to raise their newborn daughter, Mrs. Li’s father-in-law demanded a son. Mrs. Li tried to have her daughter adopted by a relative, but the arrangement did not endure. The couple thus decided to abandon their daughter in a fish market. Another family picked up Mrs. Li’s daughter shortly thereafter. Two years later, their son was born to Mrs. Li’s family. However, the grief that followed the abandonment of their daughter did not subside. Mrs. Li instead developed depression and recurrent and disturbing nightmares. To alleviate the torment, Mrs. Li started looking for her daughter: she posted apologetic messages on social media, contacted local newspapers, and published missing person notices in public spaces. Even after years of unsuccessful searching, Mrs. Li remained hopeful that her daughter was alive and well: “It would even be enough if I could look at her secretly from afar. She wouldn’t have to know anything about me.”⁸⁵

From this brief account, it is plain that Mrs. Li experienced traumatic grief from the separation distress of losing her child. According to psychiatrists Yuval Neria and Brett Litz, traumatic grief causes victims to engage in obsessive behaviors aimed at reuni-

81 Kinney, “Infant Abandonment in Early China,” 68.

82 Kinney, “Infant Abandonment in Early China,” 73.

83 Kay Ann Johnson, “Chinese Orphanages: Saving China’s Abandoned Girls,” *The Australian Journal of Chinese Affairs*, no. 30 (July, 1993): 76.

84 Jimmerson, “Female Infanticide in China,” 71.

85 Manninen, *Secrets and Siblings*, 86.



Wang Liping lying beside her dead fetus, Henan Province, 2008. [2]

ting with the absent relative. If sustained, these behaviors interfere with the grieving process, resulting in functional impairment, severe mourning, and/or prolonged grief disorder.⁸⁶ The latter manifests in the following ways: difficulty accepting that the loss is permanent, diminished sense of self, and avoidance of reminders of the reality of the loss.⁸⁷ These symptoms were apparent in the above description; Mrs. Li's commitment of time and thought to the unrealistic pursuit of her relinquished daughter was both exaggerated and irrational. Her trauma dictated and reorganized her priorities.

Furthermore, Mrs. Li demonstrated an incapacity to invest emotions into social interactions. Journalist Mari Manninen, who conducted the interview, notes that "[I]t's clearly not easy for [the couple] to [give an interview]. Mrs. Li keeps looking down at the floor and then up at the ceiling, and her answers come in short sentences."⁸⁸ Activities or discussions that require the open recognition or acceptance of a traumatic event are avoided by victims because such undertakings threaten to reintroduce disruptive feelings and thus damage perceptions of safety. Mrs. Li was nevertheless willing to express feelings of guilt and

shame: "I could have kept my daughter and hide myself somewhere until I had a son. I regret not having done that."⁸⁹ Such self-blaming attitudes derive from the belief that a traumatic event could have been avoided. If a victim accepts the reasoning that the event could have been avoided, then it is easier for them to imagine that the resulting trauma has not occurred at all.⁹⁰

Mrs. Li also described having experienced negative physical responses in the aftermath of the event. According to some scholars, sleep disturbances indicate a breakdown of the mind and body; "chronic posttraumatic nightmares represent an effort to assimilate a traumatic experience into one's psyche during sleep, when usual defense mechanisms are absent or weakened."⁹¹ All told, the abandonment of her daughter deeply distressed Mrs. Li and unrelentingly and invasively disrupted her thoughts and routines.

In 1993, Wang Xiaolan gave birth to her second daughter. Since her sisters had failed to produce sons, Xiaolan bore the responsibility of giving birth to an heir that would serve both her father's and husband's families. If family planning officials found out Xiaolan had a

86 Neria and Litz, "Bereavement by Traumatic Means: The Complex Synergy of Trauma and Grief," 74.

87 Holly Prigerson, Mardi Horowitz, Selby Jacobs, Colin Parkes, Mihaela Aslan, Karl Goodwin, Beverly Raphael, et al., "Prolonged Grief Disorder: Psychometric Validation of Criteria Proposed for DSM-V and ICD-11," *PLOS Medicine*, no. 8 (August 2009): 1-12.

88 Manninen, *Secrets and Siblings*, 82.

89 Manninen, *Secrets and Siblings*, 85.

90 Christopher Davis, et al., "Self-Blame Following a Traumatic Event: The Role of Perceived Avoidability," *PSPB*, no. 6 (June 1996): 564-565.

91 Anne Germain, "Sleep Disturbances as the Hallmark of PTSD: Where Are We Now?" *The American Journal of Psychiatry*, no. 4 (April 2013): 372.

second child, she would be forcibly sterilized. The family thus determined to leave the newborn at the doorstep of the local police station. Xiaolan acquiesced; at the police station, her daughter would be found and provided for immediately. However, the parents-in-law, afraid of getting caught, departed before they could witness the child being received. Interviewer Kay Ann Johnson describes Xiaolan's grief,

"It was already nearly unbearable that Xiaolan had lost her baby; now the loss was made even more excruciating because she would never know with any certainty that the child was safe. For weeks, Xiaolan could barely speak. She felt both guilt and rage at her in-laws and her husband, her heart was broken, her spirit left her. Over time she began to function again, but sadness fell upon her that was still there when we spoke to her three years later. [...] [S]he wept the entire time as she recounted [the story], almost compulsively as if saying the words out loud would diminish the hold on her. [...] She continued to worry about what happened to her abandoned baby; repeating several times that her parents-in-law did not wait to see what happened as promised. The accusation was clear even if unspoken. Their failure weighed heavily on her, as did her own remorse."⁹²

Recollecting her trauma forced Xiaolan to confront her personal negligence. Though she did not make the decision to abandon her daughter, she felt a responsibility, as a mother, to secure the safety of her daughter. Xiaolan therefore blamed herself for her past failure to be assertive and deliver the child in person. Xiaolan coped with such unsettling regrets by shifting the fault for her trauma onto her in-laws. However, as Johnson correctly observed, the anger Xiaolan harboured should be interpreted as a reflection of her own shame rather than any palpable resentment she had toward others. Xiaolan blamed herself as a means of regaining control of the traumatic situation.⁹³

A fear of trauma recurrence emerged in Xiaolan's narrative as another traumatic response. The pain of the initial event still lingers which interferes with her

ability to assess future situations through a lens other than a return to trauma. Xiaolan claims that she may never have another child, but if she changes her mind, she will do everything to avoid reliving a similar traumatic experience: "it will not matter whether it is a girl or boy. I will keep that child. I will never do this again. Ever."⁹⁴ Xiaolan adopted an all-or-none strategy for preventing further emotional distress: either keep the child without exception or never have a child again.

The final story comes from "Waiter." After getting pregnant, a young and unmarried "Waiter" was expelled from university and disowned by her family. She fled to a rural village where she gave birth to her daughter, Mei. However, with no economic or social support, she had to abandon her out-of-plan daughter at the door of the Guangzhou orphanage. Four months later, having saved some money from a temporary work contract, she went to retrieve her daughter. However, upon her return, she found that the building had been demolished. Mei was gone. After the loss of her daughter, she adopted the name "Waiter" to symbolize the wait for a future that will never come, a future in which she and her daughter are reunited.⁹⁵

In a letter to journalist Xue Xinran, Waiter writes,

"Not a day goes by without me thinking of [my daughter]. I can't help myself, I always look at any girl walking by, even if she's too old or too young. After all, that girl – so close I could reach out and touch her – might be Mei! I can't bear to watch TV advertisements for children's products. [...] I can't read a book or listen to music on my own – my daughter comes alive with the melody and on the pages I read. I miss Mei so much, my life has turned into a desolate, uninhabited island."⁹⁶

In this passage, Waiter reveals that she has withdrawn from activities that reminded her of her daughter, regardless of whether a rational connection existed between the behaviour and the trauma. Avoidance can be useful for some victims of trauma by allowing them to maintain control over disturbing emotions; in fact,

⁹² Johnson, *China's Hidden Children*, 52.

⁹³ Najdowski and Ullman, "PTSD Symptoms and Self-Rated Recovery among Adult Sexual Assault Survivors: The Effects of Traumatic Life Events and Psychosocial Variables," 43-53.

⁹⁴ Johnson, *China's Hidden Children*, 52-53.

⁹⁵ Xue, *Message from an Unknown Chinese Mother*, 39.

⁹⁶ Xue, *Message from an Unknown Chinese Mother*, 39.

CONCLUSION

trauma recovery depends on the capacity of a victim to become desensitized to traumatic memories.⁹⁷ However, avoidance can also cause functional impairment, thereby preventing a victim from continuing to accomplish necessary activities. Indeed, Waiter expressed that everyday affairs generated debilitating feelings of helplessness, fragility, and vulnerability.

Waiter also exhibits signs of dissociation or depersonalization, which is a sense of observing one's life as a spectator rather than as a performer.⁹⁸ Waiter admits that she experienced identity confusion; sometimes she could not recognize the self that maintained a relationship and went to work. She writes, "I'm two different people now. By day, I'm just like any other woman of my age, working away like mad, wanting recognition for everything... But by night, I become the lonely woman I have grown into, weighed down with the guilt of having abandoned my daughter."⁹⁹ For some victims, actively disconnecting from the self that experienced the trauma can alleviate emotional tension. However, constructing a novel identity in the aftermath of a traumatic event can keep the victim subtly tethered to it and affect their long-term self-perception.¹⁰⁰ Even as Waiter seeks to alter her identity in the interview, her selected name refers to her trauma and keeps her subordinate to it.

In sum, the one-child policy created economic, political, and social constraints that, in essence, removed the freedom of choice from Chinese mothers. The one-child policy's restrictions on traditional adoption decreased the chances of survival for abandoned children, exacerbating the guilt of mothers who already had no choice but abandonment due to the policy. Nevertheless, as demonstrated by these stories, countless mothers were reluctant to relinquish their children. The women discussed in this section resisted the policy to the best of their abilities; one mother tried to have her child informally adopted, while another abandoned her child at an orphanage as a temporary solution. However, many mothers' efforts to circumvent the one-child policy were unsuccessful and they suffered symptoms associated with trauma, including grief, fear, and shame, as a result.

DESPITE THE UTOPIAN ideals of progress and prosperity that animated the one-child policy, this law culminated in the traumatization of an entire generation.

One-childization necessarily engendered an immediate and adverse government intervention into the private activities and relationships of families, exercising undue control over the bodies of women and undermining varied cultural practices around childbirth and motherhood. The stories of Chinese mothers presented in this research emphasized the ordinary and personal burdens associated with the one-child policy. Countless mothers were traumatized as they endeavoured to preserve the lives of their unborn children, enduring both emotional manipulation from birth planning officials and social expectations from family members, until, finally, surrendering, either by psychological coercion or by physical violence, to the miserable and unwanted experience of abortion and abandonment. Through these stories of Chinese women, the broad social repercussions of the one-child policy take shape, amounting to a technocratic and hostile paradigm shift in modern China that traumatized not only the individuals but an entire culture. Each mother without a child comes to represent a needless and shameful tragedy in China's recent past.

Although psychological trauma is a complex and subjective experience, recent interdisciplinary scholarship on this phenomenon provides academics with a valuable and fundamental understanding of the range of emotional responses to extreme and disruptive events. Such information, in turn, can serve as a point of departure for those seeking to preserve and empathize with the circumstances and characteristics of historical actors. The contribution of the present paper is therefore, in part, methodological; this research demonstrates the utility of integrating psychological

⁹⁷ U.S. Department of Health and Human Services, *Trauma-Informed Care in Behavioural Health Sciences*, 73.

⁹⁸ Inga Truskauskaitė-Kuneviciene, et al., "Does Trauma Shape Identity? Exploring the Links Between Lifetime Trauma Exposure and Identity Status in Emerging Adulthood," *Frontiers in Psychology*, no. (September 2020): 1-9.

⁹⁹ Xue, *Message from an Unknown Chinese Mother*, 39-40.

¹⁰⁰ Truskauskaitė-Kuneviciene et al., "Does Trauma Shape Identity? Exploring the Links Between Lifetime Trauma Exposure and Identity Status in Emerging Adulthood," 1-9.

trauma theory into studies of past and present events of mass violence. It is my intention that historical trauma research will contribute both to public awareness of mental health and to human rights advocacy.

The trauma of the one-child policy is by no means limited to the mothers. It is important for future literature on the policy to consider the emotional responses of other groups, including fathers, extended family, and doctors. Related concurrent experiences, such as child abduction, domestic abuse, and community violence added trauma to vulnerable groups during this period. This paper concludes with the voices of other victims of the one-child policy whose stories and perspectives remain to be told.

"I truly underestimated the cruelty of this policy. But, as the father of the child, I did not fulfill my responsibility. I was unable to protect him. Maybe if I had not created him, he and his mother would not have suffered so much. Every day, I confess my guilt and pain for this little life. I will regret this for my whole life. I pray he will be taken care of by our God in heaven. After I die, I will surely look for him and compensate all the love I owe him."¹⁰¹

Father, Liaoning Province

"I really don't know how many I delivered. What I do know is that I've done a total of between 50,000 and 60,000 sterilizations and abortions. I counted this out of guilt because I aborted and killed babies. My hands were trembling while I did it. But I had no choice, it was government policy. [...] I want to atone for my sins, for all the abortions and killings I did. [...] A 108-year-old monk once told me, 'If you treat the infertile for as little money as possible then each new baby you bring to life could reverse a hundred you killed.' Those words stayed in my heart, so I became determined to make this change."¹⁰²

Family Planning Medical Team Member

"We are rural folk, we don't understand the law. [...] All we can do is keep looking, keep searching for our [kidnapped] daughter. We still go looking everyday, and we call the police every few days... We have done it all."¹⁰³

Family of Lei Xiaoxia, missing since December 2011 ♦

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¹⁰¹ China Aid and Women's Rights Without Frontiers, "New Evidence Regarding China's One Child Policy," 39.

¹⁰² *One Child Nation*, directed by Nanfu Wang and Jialing Zhang (2019; Salt Lake City: Next Generation, 2019), Documentary Film.

¹⁰³ *Living with Dead Hearts*, directed by Charles Custer and Leia Li (2013; Songhua Films), Documentary Film.

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