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Compensating for Disability Identity through Marriage:
A Grounded Theory Study on Married Women with Disabilities in a Southwest Chinese Township

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Certificate of Originality

I hereby declare that this thesis is my own work and that, to the best of my knowledge and belief, it reproduces no material previously published or written, nor material that has been accepted for the award of any other degree of diploma, except where due acknowledgement has been made in the text.

____ (Signed)

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To Women with Disabilities in Rural Areas of China

Abstract

This study is the first attempt to theorize the married life of rural-based women with disabilities. Grounded theory method was employed as the research method. Data was collected through in-depth interviews and ten months' fieldwork observation in Bai Township in Southwest China in 2010. Nineteen married women with different types of disabilities, including physical, hearing, speech, intellectual and psychiatric disabilities were studied. Some of their family members also participated in this study. Compensating for disability identity emerges as a basic process that can explain the marriage of these women. Match-making is seen as a preparatory stage of this process that aims to minimize the risk of abuse and maximize security and satisfaction in their marriage. Selecting a partner with relatively inferior quality is a strategy to balance these women's lower status caused by their disabilities. Women are found to compensate for their disability identity with fertility, role performance and ability in their married lives.

In the western literature, women with disabilities deal with their disability identity mainly in two ways: some women perceive disability identity as one of their multiple identities and thus do not want to be identified in terms of their disabilities; others choose to claim a collective identity on the basis of their disabilities and strive for equality in the society. The disability identity of the women in this study seems to contaminate their other identities to a much lesser extent. The perceived importance of fertility by the villagers of a patriarchal culture provides an opportunity for women with disabilities to enter marriage. In other words, the patriarchal village society normalizes these women to a certain extent despite their disabilities. The satisfactory performance of the roles as a wife, a mother and a daughter-in-law is another form of compensation for the disability identity. Furthermore, for women with good ability in earning an income for the family, they gain respect and recognition in the family and in the village and their disability identity gradually becomes less prominent. However, it is observed that the combination of the relatively lower status of these women and their husbands with inferiorities reinforces their marginalized family status in the village society.

A practical model named barrier-removing approach is suggested to provide social work service to women with disabilities in rural areas of China. It is argued that these women can identify their problems and strengths. The genuine difficulty lies in the barriers confronting them during the problem-solving process. Some of these obstructions are beyond their capacities to remove in view of the limited resources they have. Social workers have a role to help develop their capacities and raise their consciousness in accordance with the indigenous culture. The barrier-removing model is a process of empowering both social work and women with disabilities.

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Finally, I want to devote this dissertation to my informants, especially one of them who passed away due to overdrinking. Having obtained a two-thousand-yuan charitable donation after a journalist’s report, this informant celebrated with her husband by drinking. She left her husband alone in the world on the next morning. Two thousand yuan was the biggest amount of money she had ever seen before her death. Her death mirrors the poverty of these informants in rural China and also calls for more academic attention to this vulnerable group.

Table of Contents

List of Figures

List of Tables

List of Boxes

Chapter 1 Introduction and Thesis Overview

The Unheard Voice

According to the Second China National Sample Survey on Disability (hereafter the Survey) conducted in 2006, there were 82,960,000 persons with disabilities in the People's Republic of China. Compared with the First China National Sample Survey conducted in 1987, there was a remarkable increase of 31,320,000 persons with disabilities. The reasons of this rise can be attributed to the growth of the entire population in China, modification of survey instruments, aging of the population and the increasing risk of disabilities due to various social factors, such as rapid development of urbanization and modernization, production accidents, traffic accidents and environment pollution (CDPF, 2011). In the 2006 Survey, the number of rural-based persons with disabilities amounted to 62,250,000, which represented 75.04% of the total population of persons with disabilities in China. Poverty was reported as the most serious problem they were confronted with. Nevertheless, only 3,190,000 of them (a mere 5.12%)[1] received the minimum standard of living subsidy from the government.

The Survey further shows that within the population of persons with disabilities, the number of male is 42,770,000 (51.55%) and that of female is 40,190,000 (48.45%). As for the marital status of people with disabilities at the age of fifteen or above, 9,820,000 are single, 48,110,000 are married and 21,160,000 are divorced or widowed,

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[1] The statistic in this section is on the website of The Central People's Government of The People's Republic of China, retrieved from http://www.gov.cn/jrzg/2007-05/28/content_628517.htm on June 16, 2011.

accounting for 12.42%, 60.82% and 26.76%, respectively (CDPF, 2012). It is hard to differentiate gender aspect with the disguise of the statistics, which presents people with disabilities as a whole. Thomas (1999a) points out that the experience of disability is always gendered and disablism is interwoven with sexism. However, there is not much discourse on the gendering aspect of people with disabilities in the Chinese literature. In the few studies available, attention is focused on mainly four areas. They are elderly women with disabilities (e.g. Feng, 2008; Li & Guo, 2009; Wang, 2009), persons with disabilities in cities (e.g. Feng, 2008; Jiang & Zhao, 2009, Wang, 2009 & Yao, 2009), poverty among them (e.g. Wang & Wang, 2006; Zhu, Yin & Wang, 2007) and social policy to alleviate poverty (e.g. Feng, 2008; Peng, 2008; Yao, 2009).

The focus on elderly people with disabilities probably can be ascribed to the high ratio (53.24%) of this group. As for women with disabilities from other age groups, they are relatively under-presented in previous research. In addition, relatively much more literature has shed light on the livelihood at the provincial level or in big cities such as Shanghai and Beijing whilst studies on people with disabilities in rural areas are scant. The third feature of the literature is that poverty becomes the primary concern. This leads to the fourth characteristic of the present literature where scholars advocate changes in social policies in response to the poverty problems encountered by people with disabilities. However, their suggestions remain merely on the level of academic discussion and there is little initiation for actual implementation. Besides, due to the temporal interval between policy proposal and policy execution, it is difficult for people with disabilities, who are at this moment struggling for survival in everyday life, to obtain the services and assistance they need in the near future. In terms of research methodology, quantitative research methods (mainly survey with questionnaires or analysis of second-hand survey data) are widely employed. Qualitative research is not the mainstream research method to be used and it is not favoured by scholars in conducting studies on people with disabilities.

Most studies in the four areas presented above ignore gendered and rural-based aspects of people with disabilities. The voices of women with disabilities in rural China are basically left unheard of. What is their main concern? How do they strive for survival in face of poverty? What are their experiences of disabilities? How do they solve problems in their daily lives? All these remain untouched in academic research. The researcher of this study has five years' experience in working with students with visual disabilities in Guizhou province. Although many of these students once came to the city to receive special education, the majority of female students from rural areas choose to return to their villages to get married, unlike their male counterparts who often stay in the city taking up jobs as massage workers. The researcher had asked about the marital lives of some of these young women from a village in Hunan province when there was an opportunity for the researcher and her colleagues to provide social work service to people with disabilities. Through this project, the researcher was able to pry into the marital lives of women with disabilities there. On one hand, it was a pessimistic picture of domestic violence, and women being bullied or abandoned by husbands because of infertility. On the other hand, there were also families in which the husband and family members took good care of the women with severe disabilities.

With these previous knowledge and experiences, the researcher developed a certain sensitivity in planning for this study on the marriage life of women with disabilities in rural areas of China. The purpose of this study is to provide a theoretical explanation of the marriage life, and in particular the development of self-identity in it, of women with disabilities in a rural community of China. Grounded theory method (hereafter GTM) was deliberately chosen as the research method for this study which differs from other research mainly in three ways: 1) the primary purpose is theory generation rather than theory verification; 2) it aims at exploring the main concern of informants and their response to problems from their perspectives; 3) the ultimate purpose of generating the theory is to offer practical insights to develop indigenous social work practice. There are a broad spectrum of competing theoretical perspectives and paradigms in the exploration of disability, ranging from functionalism, interactionism, a political economy/conflict approach, feminism, structuralism and most recently post-structuralism and postmodernism. However, since relatively fewer investigations have been conducted in this research area, it is not possible to preconceive a theoretical lens which is more appropriate and can explain the experience of women with disabilities in rural areas of China. As difference is highly appreciated in disability studies (Shakespeare, 1996), this study attempts to shift the conventional research path of verifying a theory to generating a grounded theory, with the purpose of amplifying the different voice of people with disabilities that is often ignored or unheard of.

It is necessary to clarify the definition of disability before further discussion. Disability is a complicated definition which varies according to culture and society. Therefore, there never has been a universal definition of disability (Hirandini, 2005). In this study, people with disabilities are identified according to the Law of the People's Republic of China on the Protection of Disabled Persons[1], which defines a person with disability as one "who has abnormality or loss of a certain organ or function, psychologically, physiologically or anatomically and has partially or wholly lost the ability to perform an activity in the way considered normal. They consist of visual, hearing, speech, physical, intellectual, psychiatric, multiple disabilities and/or other disabilities." As for the two terms, i.e. people with disabilities and disabled people[2], have different standpoints. Barnes, Mercer and Shakespeare (1999) maintain the necessity to distinguish the two terms because they reflect "crucial issue of causality, the role of language, its normalizing tendencies and the politicization of the process of definition" (pp.578-579). As such, the expression of people with disabilities refers to this group generally whilst the term disabled people is specifically employed by those in support of the social model which accounts for the causes of disability to be social structural factors (Oliver, 1990). In this dissertation, the two terms are used in line with different scholars' standpoints of disability.

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[1] This definition is extracted from Article 2, chapter 1 of Law of the People's Republic of China on the Protection of Disabled Persons (Adopted at the 17th Meeting of the Standing Committee of the Seventh National People's Congress on December 28, 1990, and revised at the 2nd meeting of the Standing Committee of the 11th National People's Congress on April 24, 2008).

[2] It is the same with other similar expressions, such as women with disabilities, girls with disabilities and men with disabilities.

The Profile of the Field

Bai Township[1] is located in the middle of Guizhou province, which lies in the southwest of China. It is 22 km to the northwest from Guiyang, the capital city of Guizhou province, and 21 km to the east from Qingzhen, which administers the township. It resides at the foot of the mountains and beside a lake that has 108 islands and 109 square km in area. There is 7,395 square metres of cultivated land and the average cultivated land per capita is merely 380 square metres, of which 15% is terraced lands. Ninety-six percent of the villagers are agricultural workers who plant mainly rice and corn. The Returning Cropland to Forestland Project has returned 4.87 square km of farm land back to forest. As a result, the forest coverage extended from 42.23% in 2004 to 66.67% in 2009.[2]

Bai Township consists of 72 natural villages. They are organized into 16 administrative villages under the management of a residents' committee. The population is 19,524, with the ratio of males to females being 0.99:1. The majority of villagers are of Han ethnicity. In contrast, the number of other minorities is 1,802. The net income per capita per year in the township was 2,877 yuan (about US$ 457) [3]in 2006 and

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[1] According to Item 3, Article 3, Constitution of the People's Republic of China (Adopted at the Fifth Session of the Fifth National People's Congress and promulgated for implementation by the Proclamation of the National People's Congress on December 4, 1982), "Counties and autonomous counties are divided into townships, nationality townships, and towns." In addition, the real name of the Township has been disguised due to confidential consideration.

[2] The statistics of this section is available on the website of the local government, retrieved from http://www.gzqz.gov.cn/sites/qzbh/List_10537_10866.html on March 20, 2011.

[3] The exchange rate between US$ and Chinese yuan is 1 US$ to 6.29 yuan.

5012.80 yuan (about US$ 797) at the end of 2010. There are numerous cherry and plum trees planted since 1960s. In the harvest seasons, villagers can make some pocket money by selling the fruits. Villagers are also engaged in the rearing of cattle, chickens, ducks and pigs. Some villagers run small grocery shops. Insufficient farmland and the rise of daily living expenses have pushed about 6,330 rural workers to leave their homeland in Bai Township to find jobs in big cities, such as Shenzhen and Guangzhou[1].

The first-generation residents moved to Bai Township from a neighboring village named Wuli Bridge which was submerged into the water due to the building of an electricity power station there in the 1960s. Villagers received compensatory payment from the government in 2007 and moved to settle in Bai Township. A new street of 24 meters wide and 1.5 kilo meters long was built in 1998. As for traffic, all the 16 administrative villages have roads connected to the main road. However, some natural villages are still remote and far away from the main road. Education has developed gradually over the years and there is one kindergarten with 142 children, seven primary schools with 1,372 students and one middle school with 739 students. As for medical services, there are seventeen clinics but there is no hospital. Villagers who have more serious illness have to get hospital services in the nearby city of Qingzhen, which is 21 km away.

Taking advantage of the natural scenery of Bai Township, the local government focuses on developing ecological tourism. The mild weather, scenic landscapes and

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[1] Data was achieved from the bulletin board of the local government on March 28, 2011.

historical *Tunpu* culture[1] make Bai Township a famous tourist spot in the province. The average temperature is between 13.5 to 14.5 ℃. Sunshine per year is between 1,150 and 1,200 hours. In addition, the annual rain fall is 1,100 to 1,300 millimeters around the year. The coldest season is in January with the temperature being 3.8 ℃ and the hottest is August, 22.7 ℃. The local government has made great endeavors to develop the economy by holding tourist festivals in the fruit harvest season every year, attracting tourists from all over the province to purchase fruits and experience rural life.

Choosing the Research Site

Bai Township has been selected in light of its representativeness, permissiveness, accessibility (Spradley, 1980), and the researcher's knowledge of the local dialect (Spradley, 1979). Firstly, Bai Township is a typical rural area and it has many of the common characteristics of villages in the southwest part of China. It is a village that has undergone significant changes after the opening-up policy and the construction of a new socialist countryside[2]. These changes cover a wide range of areas: adjustment of economic structure, construction of rural level government, development of public facilities and new rural cooperative medical services. Some of these changes, inevitably,

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[1] The emperor of Ming Dynasty, Zhu Yuanzhang, sent the army to conquer the remaining force of Yuan Dynasty in 1381A.D. Later, solders' wives and children were also sent to southwest. The places that the army located were called *Tun* while the places where their family members resided were named *Pu*. Tun Pu culture represents characteristics of the custom and culture of Ming dynasty.

[2] It is a policy advocating in the eleventh five-year plan in 2005. Focusing on four dimensional constructions including economy, politics, culture and the society, the final goal is to construct new socialist rural areas with developing economy, better facilities, beautiful natural environment, and civilized and harmonious atmosphere.

also lead to social problems such as left-behind children and elders in the rural areas. Despite the rapid changes mentioned above, in terms of its economy, politics, educational provision and other aspects of social security, it still retains some distinctive features of a rural society. The famous and highly respected Chinese sociologist Fei Xiaotong (1992) identified many of these characteristics in his seminal monograph *From the Soil: the Foundations of Chinese Society (Xiang Tu Zhong Guo)*, such as the differential mode of association (*chaxugeju*), patrilineages and the morality of personal relationship, which can still be seen in Bai Township. In addition, the traits of village culture advanced by Li (1993) are also observed in Bai Township, e.g., villagers' closeness, low mobility[1], competitive tendency and pressure to conform social behavioral norms. Simply put, Bai Township represents the image of villages in contemporary China, retaining traditional facets yet at the same time reflecting rapid changes in the tide of modernization and urbanization.

The second reason for locating this site lies in the permissiveness of conducting research in the field. Every administrative region presents a limited-entry social situation that requires permission from one or more persons before research can be conducted (Spradley, 1980). It is obvious that the local government officer is the administrative gatekeeper controlling entrance to the field. Considering the fact that this research topic may be seen as a sensitive one because it involves studying a vulnerable group with disability and poverty, and that senior officials might regard the research as not in

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[1] Although the migrant workers speed mobility of the whole population, the characteristic of low mobility describes those villagers still living in Bai Township.

accordance with the national objective of building a harmonious society, it is not easy to gain entry to the field. Moreover, the Hong Kong background of the researcher might also arouse caution among the officials. In practice, there are three strategies to gain entry when conducting research in the rural China. First, it is always useful to ask permission from the high-level administrative government. Second, the researcher could enter the field as a complete stranger but this is always difficult. Third, a more possible way is to cultivate relationships with the gatekeeper(s), and thus obtain permission through personal network. Gaining entry can begin by approaching senior officers of the government (DeWalt & DeWalt, 2002) but this is not appropriate for the present study. Providing assistance for the researcher has always been considered a political assignment and is usually made in a top-down manner. The second way, i.e. entering the field as a stranger, is time consuming and the researcher would be easily turned down by local people due to a lack of trust. Therefore the third way of using personal network and soliciting the help of a trustworthy person in the village is more practical and time-saving. With these considerations, Bai Township was chosen as the research site due to the established personal network of the researcher.

Obtaining official permission does not automatically guarantee accessibility to informants. Two types of accessibility must be taken into account, physical accessibility and accessibility to the informants. In rural China, physical accessibility is a crucial factor to consider in conducting research, because many potential informants live in scattered and remote villages without public transportation. Formal and informal support had been explored to solve the problem of inaccessibility to Bai Township. Formal assistance could be sought from the headmasters of the local primary schools. Each of them being equipped with a car from the local educational bureau, they all agreed to provide transport for the researcher to go to the villages to conduct the interviews. Moreover, they were familiar with each family in the neighborhood because they were required to screen out children of appropriate age for schooling every year. With the assistance and guidance of the headmasters, the researcher obtained access to all the families with a woman with disability in Bai Township. Informal assistance from the villagers was also necessary. As villagers kept watch dogs which could be quite dangerous to strangers entering their territories. The company of a local person in each natural village could guarantee safe arrival at the informants' homes. Since four generations of the researcher's family had resided in the village, some of her relatives could also provide informal support to ensure the researcher's safety. As for some villages inaccessible by cars, the researcher resorted to the informal assistance from villagers who took her there by boats.

As Spradley (1979) pointed out in ethnography, language learning is the cornerstone of fieldwork because different languages create and express different realities and they categorize experience in different ways. When conducting studies in a site with culture and language being different from those of the researcher, interpreters are indispensable. However, they make interviews vulnerable to having meanings, biases, and interpretations added, possibly leading disastrous misunderstanding (Freeman, 1983). In other words, the inability to speak local language, the lack of sensitivity to the local culture and hence an overreliance on interpreters result in the loss of valuable data, as demonstrated in the researcher's previous experiences in other rural areas, such as Pingyu village of Hunan province and Qingping village of Sichuan province. When conducting a study on community-based rehabilitation in Hunan province, the researcher later found that the local interpreter filtered some crucial information out; and translated only what he considered as appropriate information according to his values. For example, he was found to have concealed one interviewee's recount that a woman with intellectual disability was infected with venereal disease by her husband because he perceived it as an embarrassing topic. Accordingly, in order to avoid misinterpretations and achieve a more empathetic understanding with the informants, the researcher decided to choose Bai Township because she could speak the local language and she was relatively familiar with the local culture.

Entering the Field

Knowing who has the power to open up or break off access, or who considers him/herself and is considered by others to have the authority to grant or refuse access is an important aspect of sociological knowledge about the research setting (Hammersley & Atkinson, 2007). With previous working experiences in villages, the researcher has learned that the secretary of the Communist Party Committee, rather than the head of the village, has the ultimate authority to grant entry. Mis-identifying the key person will cause unnecessary trouble that probably would lead to having access broken off or requiring more complicated negotiation. The researcher obtained the permission from the secretary of the Communist Party Committee of Bai Township and started her fieldwork in March, 2010. Through personal network, the researcher got acquainted with a key personnel of the village, and with that she gained trust from the local government within a very short time, and thereafter she was able to work independently in the village without any intervention from the local government.

An officer responsible for affairs relevant to persons with disabilities was not selected as the most appropriate person to approach for informants. His role of delivering disability-benefit resources probably led to informants' refusal to be interviewed because most informants complain about the unfairness of resource distribution. In view of this, the researcher found a seventy-year-old woman who has worked as the director of the residents' committee for almost twenty years as an elder accompany. She is respected by the villagers and is familiar with all the families. The researcher was introduced to informants and their family members by the old lady and so trust relationships were developed much more easily. Another crucial function of the elder accompany is to clarify the misrepresented identity of the researcher (Fontana & Frey, 2005). Women with disabilities often perceived the researcher as a person with various resources that could help them to solve difficult problems which have been disturbing their normal life for a long time. Having close relationships with villagers, the elder accompany was able to explain the researcher' identity to the informants. This helped to give them a proper orientation of the purpose of the researcher's visit and interview with them. As a result, wrong expectations were prevented and the interviews could be carried out more smoothly. Apart from the assistance of the elder accompany, the researcher's job as a lecturer at Guizhou University also contributed to helping informants understand her identity as a scholar and the academic purpose of the study.

The Structure of the Thesis

The thesis is organized into ten chapters. This chapter has provided the background to this study, including the research topic, the profile of the field, reasons of choosing the research site and means of obtaining an entrance to the field. Chapter 2 is devoted to introducing the research methodology and explaining how grounded theory method is applied in this study. This includes considering appropriateness of grounded theory method to this research topic, the operation of this method and generation of a substantive theory. Chapters 3 to 7 present the findings of the study. Chapter 3 describes the village environment where women with disabilities reside. The perceptions of disability of the villagers, women with disabilities and their families are also examined. In addition, how these women and their families manage disability identity is investigated. This chapter also explores the changing village environment with highlights on its influences on people with disabilities. The following chapter, “Disabled Matching”, describes the process how women with disabilities and their maiden families carefully select prospective mates in order to minimize the negative effects of these women’s disability identity and maximize their safety and happiness in the future marital lives. Chapters 5 to 7 investigate women’s role performance after getting married, including the role as daughters-in-law, the spousal role and the maternal role. Chapter 5 discusses the women’s role as daughters-in-law. The influential factors on their relationships with parents-in-law are explored. Fertility emerges as a vital factor to affect the relationships and it determines the extent to which the women’s disability identity can be balanced. Chapter 6 investigates the women’s role as a wife, with the focus on the negotiating process between women with disabilities and their husbands. It is through the negotiating process that these women lift their inferior status arising from their disability identity. Chapter 7 sheds light on the women’s maternal role. Three types of mothering, how mothers with disabilities take care of and teach their children, and children of mothers with disabilities are analyzed. Chapter 8 attempts to generate a grounded theory with the findings. The grounded theory is named “compensating for disability identity”. It attempts to provide a theoretical explanation of the development of identity among women with disabilities in their marriages. Women are found to compensate for their disabilities with their fertility, role performance and abilities. According to the rule of the grounded theory method, a literature review was conducted after the emergence of the grounded theory. Chapter 9 reviews the literature relevant to the research findings and attempts to integrate the grounded theory into the current discourse on disability identity. Four models of disability identity are introduced, followed by the presentation of voices of women with disabilities within these models, respectively. Further, the grounded theory is positioned onto the map of four models on disability identity. At the end of Chapter 9, functionalism and symbolic interactionism are selected to dialogue with the grounded theory generated in this study. Based on the research findings in this study and the present social work practice in China, a new practice model named barrier-removing model is suggested to provide effective social work service for women with disabilities in rural China in Chapter 10. Research limitations and recommendations for future study are also included in the last chapter.

Chapter 2 Research Method and the Research Process

Justifications for Using Qualitative Research Method

The Choice of Qualitative Research Method

A research method is selected for its appropriateness for exploring a specific research topic. There is no “best” method, only the most suitable, for a certain study. That is, a method per se has no superiority to other methods, but some are more appropriate for a particular study than others. Qualitative research method, specifically, grounded theory method (hereafter GTM) [1]is employed as the research method of this study due to its capacity of exploring the research topic. As discussed in Chapter 1, the research topic, marriages of women with disabilities in rural China, was inspired by the researcher’s curiosity as to why, as observed from empirical evidence, the majority of these women can obtain marriage opportunities. This sets a distinct contrast with the prevalent international literature which reports that women with disabilities have less opportunity of marriages and high possibility of divorce in comparison with their non-disabled female counterparts (Phillips,2012; WHO, 2011). Thus, this study aims to provide a theoretical explanation of the marriage life, and in particular the development of self-identity in it, of women with disabilities in a rural community of China. A dearth of studies in mainland China is devoted to investigating marriages of people with

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[1] Glaser (with the assistance of Judith Holton, 2004) refuses to perceive GTM as qualitative research. He insists that GTM can use both qualitative and quantitative data. Glaser (2008) recently published a new monograph, *Doing Quantitative Grounded Theory*, to demonstrate how quantitative data can also generate a grounded theory. The debate on whether GTM is quantitative and qualitative research is beyond the focus of this study. The researcher discusses GTM under the umbrella of qualitative research because qualitative data is used in this research.

disabilities (Chen, 2008), let alone those living in the rural areas. Although some theoretical perspectives are available in disability studies, such as materialist (e.g. Oliver, 2004), feminist (e.g. Morris, 1993, 1996; Thomas, 1999a, 1999b), the poststructuralist and postmodernist approaches (Corker & French, 1999; Corker & Shakespeare, 2002), it is hard to determine which is the most appropriate for rural China considering the culture difference. Villagers have no access to disability culture and have no knowledge of disability movement and feminism, and disability is perceived as something unfortunate. Qualitative research method is exploratory and is useful when the researcher does not know the important variables to examine (Creswell, 2009). Qualitative research method is effective when the topic obtains little academic attention because it is new, and existing theories do not apply to the particular group under study (Morse, 1991). Specifically, qualitative research method can facilitate this study in the following ways: 1) studying the meaning of these women's marital lives under real-world conditions; 2) representing the views and perspectives of informants in the study; 3) covering the village context within which married women with disabilities live; and 4) contributing insights into existing or emerging concepts that may help to theory generation (Yin, 2011). In this sense, qualitative research method fits for the research topic in this study in terms of its strength discussed above and thus it is chosen as the research method for this study.

The Choice of Grounded Theory Method

Among numerous qualitative research methods, GTM was selected because of two further considerations: 1) the primary purpose of this study as theory generation rather than theory verification, 2) the theoretical explanation being rooted in what it originated from rather than arising from logical deduction. This study aims to provide a theoretical explanation of the marriage life, and in particular the development of self-identity in it, of women with disabilities in a rural community of China. In addition to the advantage of investigating unexplored research areas (Wuest, 2012), among many qualitative research methods, GTM is particularly useful for generating theories. It consists of systematic, yet flexible guidelines for collecting and analyzing data to generate theories "grounded" in the data themselves (Charmaz, 2006, p.2). [1] That is, GTM is a theory-generating approach which facilitates researchers, as it provides a clear procedure from the first day in the field to the final stage of writing their theories (Glaser, with the assistance of Holton, 2004).

Apart from its theory-generating orientation, GTM was employed as the research method due to its close connection with the phenomena under study. It can offer a grounded explanation, rather than drawing deductive conclusion based on preconceived

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[1] This definition is revised by the researcher. In the original definition, data is specific to qualitative data and Charmaz uses "construct theories" rather than "generates theories". In fact, As Bryant and Charmaz (2007) point out, "Anyone contemplating the GTM landscape must grasp the inherent complexity of what might be termed the 'family of methods claiming the GTM mantle (p.11)". Historically, it is perceived as a research method proposed by Barney Glaser and Anselm Strauss on the basis of their research with dying patients in hospitals. the classic monograph *The Discovery of the Grounded Theory: Strategies for Qualitative Research* (hereafter *Discovery*) (Glaser & Strauss, 1967) is a reflection on how to conduct research keeping consistent interaction between data and emerging theory using the constant comparative method (Glaser, 2003). The early divergence obviously existed between Glaser and Strauss, co-authoring with Corbin, followed by Leonard Schatzman's dimensional analysis, Kathy Charmaz's constructivist GTM and Adele E. Clarke's situational analysis. To avoid involving the methodological disputes, the researcher makes these revisions to focus only on how to use GTM.

theories. A certain amount of the present research on people with disabilities in mainland China usually draws their conclusions on logic deduction. This probably risks stigmatizing people with disabilities. For instance, in a study on marriages and families of people with disabilities in China, researchers claim that it is possible for parents with disabilities to deliver children with disabilities, or cause children's disabilities due to poor nurturance (Wang & Liu, 2008). This deduction may lead to parents with disabilities being blamed for poor parenting and further reinforce public bias against their parenthood. To avoid ungrounded deduction which tends to further stereotype women with disabilities, GTM is selected to draw conclusions on the solid ground. Generally speaking, GTM is an inductive method. Despite there being some deductions, they are cautiously grounded deductions from an inducted category or hypotheses. Meanwhile, more data for further validation are collected (Glaser, 1998). It is the interactive induction and deduction that yields grounded conclusions, rather than ungrounded conjectures. In this way, GTM can generate a theory which is fit, effective and relevant to the informants under study (Glaser & Strauss, 1967) and therefore it can contribute to social work interventions.

Data Management

The Profile of Informants

In total, nineteen women with disabilities and their family members were interviewed. The overview of informants is demonstrated in Table 2-1. Women with four types of disabilities are incorporated in this study, including ten women with physical disability, five women with hearing and speech disability, two with psychiatric disability, and the other two with intellectual disability. Almost all of them acquired their disabilities during childhood except one who became disabled at her adolescence. The age of informants ranges from twenty two to sixty five and the length of their marriages varies from the minimum four years to the maximum forty one years. Four women married men with disabilities. Five informants experienced divorce, of whom three remarried and two still remained single. One informant was recently widowed. As for the educational level, the majority of women attended merely primary school but only two graduated. Others dropped out from school due to poverty. Only one woman finished high-school education and the other obtained technical middle school diploma. Data was collected with informants' consent. Informants participating in the study were asked to sign an informant consent letter (See Appendix 1). Oral consent was obtained from illiterate informants who cannot sign their names. For women with intellectual disabilities and psychiatric disabilities, consent was obtained from their guardians[1]. When women with hearing and speech disabilities took part in the study, their family members were invited to explain the researcher's visiting purpose to the informants.

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[1] According to Article 17, General Principles of the Civil Law of the People's Republic of China (Adopted at the Fourth Session of the Sixth National People's Congress, promulgated by Order No. 37 of the President of the People's Republic of China on April 12, 1986, and effective as of January 1, 1987), "A person from the following categories shall act as guardian for a mentally ill person (including people with intellectual and psychiatric disabilities) without or with limited capacity for civil conduct: 1) spouse; 2) parent; 3) adult child; 4) any other near relative; 5) any other closely connected relative or friend willing to bear the responsibility of guardianship and having approval from the unit to which the mentally ill person belongs or from the neighborhood or village committee in the place of his residence.

Table 2-1 The profile of informants

No.	Name	Age	Age of the first marriage	Length of marriage	Marital status	Age discrepancy with husbands	Whether husbands are disabled	The Number and Gender of Children	
								Son	Daughter
1	Madam Li[1]	54	20	30	Married	7/10[2]	Physical disability	1	1
2	Madam Ban	45	20	25	Married	8	No	2	0
3	Madam Yang	44	19	26	Married	21	No	1	2
4	Madam Tu	60	24	36	Married	20	No	0	2
5	Madam Tu	65	24	41	Married	20	No	2	0
6	Madam Li	33	19	14	Married	16	No	0	2
7	Madam Zhou	53	30	23	Married	2	No	0	0
8	Madam Wang	43	20	23	Married	10/4	Physical disability	2	1
9	Madam Liao	36	17	19	Married	18	No	1	1
10	Madam Yang	49	26	23	Divorced	2	No	1	0
11	Madam Chen	46	30	16	Married	6	No	1	0
12	Madam Li	35	24	11	Married	2	No	0	0
13	Madam Sun	38	20	18	Married	2	Visual disability	0	1
14	Madam Li	22	18	4	Married	4	Hearing and speech disability	0	0
15	Madam Lu	46	22	24	Married	15	No	1	1
16	Madam Wang	38	23	15	Married	15	No	2	0
17	Madam Zhong	56	26	30	Married	4	No	3	1
18	Madam Zhang	47	22	25	Widowed	20	No	1	1
19	Madam Zhou	45	20	25	Divorced	16/4	No	0	1

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[1] All the family names of the informants have been disguised because of confidentiality.

[2] Two numbers indicate informants' twice marital experiences, with the first number presenting women's age discrepancy with the first husband and the second number referring to age difference with the second husband.

Data Collection

Intensive Interviews. Intensive interview has great practicality (Haralambos & Holborn, 2004) in that it allows the researcher to approach different groups of people in various contexts. In addition to women with disabilities, their family members including twelve husbands, eight children, four parents, four mothers-in-law, four relatives and two close neighbors were interviewed in this study. For women with hearing and speech disabilities, their husbands and children were the main interviewees. The parents of one woman with psychiatric disability are the main data source because she was reluctant to communicate and sometimes provided contradicting information. As for another two women with severe intellectual disability, their mother-in-law or siblings-in-law participated in the interviews. To gain an in-depth understanding of informant's daily life, they were interviewed in diverse situations, ranging from daily interaction in everyday life, like disciplining children and negotiating with husbands, to chatting with villagers and managing interpersonal relationships with others. By employing intensive interview, abundant data were collected from different informants in various contexts.

On average, each informant was interviewed for at least three sessions, which lasted totally over six hours, with the first session focusing on establishing rapport and the others emphasizing data collection. The necessity for several rounds of interviews arises from two reasons. The presence of the third-party appears to influence what kind of data were collected. For instance, one woman informed the researcher of her experience of suffering sexual abuse in her childhood at the second interview in the absence of the gatekeeper because she endeavored to avoid being gossiped about. Moreover, topics relevant to fertility, ligation and pre-marital sex remained untouched in the presence of their husbands. Therefore, other interviews were arranged in the absence of the third-party. The second reason is the requirement of theoretical samples in GTM, which means that samples are selected for theoretical purpose and relevance (Glaser & Strauss, 1967). In this study, data collection is limited to Bai Township. Thus, nineteen families were repeatedly interviewed in accordance with the development of the grounded theory. For instance, when a category "disabled matching" was established, previous informants were re-interviewed with the purpose of collecting more data in terms of this category.

To eschew imposing a preconceived framework on interviews, some general interview questions were used at the initial stage. For example, can you tell me about your marriage? What is the difference before and after your marriage? What about your present life? They were used to invite informants to participate in the interviews and talk about what they felt comfortable to share with the researcher. These general questions allowed informants' main concerns to emerge through what they said. According to Sarantakos (2005), a researcher is expected to develop the interview questions when they are required and as they best fit the interview situation. In this study, more concrete interview guide (see Appendix 2) were generated as the research proceeded. As a result, data collection became faster and more focused with the detailed interview guide. However, informants still had latitude and freedom to talk about what was of interest or importance to them.

Observation. Observation is employed as another method to collect data in this study. It is very important to capture both the action and verbal aspects of situated behavior (Lofland, Snow, Anderso & Lofland, 2006). Therefore, only depending on data from interviews is not sufficient. In particular in this study, some types of women with disabilities discussed above cannot provide verbal information or can only provide partial verbal information by themselves. Thus, observation was necessary to provide supplementary data. Additionally, observation is quite useful in the rural context where a completely unobstructed interview place is unavailable. In this study, the majority of the interviews were arranged at the informants' homes where they felt more comfortable and where it was natural to observe their interaction with other family members. However, it was frequently interrupted by neighbors dropping in and the passersby. Thus, when there was interruption, the interviews were changed from intensive interview to observation. Interviews and observations were employed interchangeably according to the situations.

Data collected via observation in this study mainly included the physical environment of the women's houses, their interaction with family members, their daily activities and the contact with villagers. The physical environment of the women's houses could help the researcher identify some general information of the women's families, such as the financial situation, informants' ability to manage domestic affairs and religious beliefs. During the interviews, how women with disabilities interact with their family members was observed and recorded. For instance, when a mother-in-law complained during the interview about suffering physical violence from her daughter-in-law with hearing and verbal disability, her daughter-in-law hid herself partially behind the door and pointed at her mother-in-law with a finger offensively. Her angry facial expression, gesture and physical arrangement of herself were taken down as data. It was also imperative to observe women's interactions with husbands and children through events occurred in the course of interviews. For instance, a mother with hearing and verbal disability had conflicts with her son when he was interviewed. Observing their tension helped the researcher to analyze the reason for the distant mother-child relationship. Briefly speaking, data gathered through observations facilitated the researcher's understanding the informants' everyday life as well as the environment wherein they reside, provided supplementary data to interview data, and offered first-hand data without it being filtered by informants' self report (Yin, 2011).

Data Record

Field events can be recorded through multiple modes, such as field notes and recording devices (Yin, 2011). Using assistant recording devices, including audio-taping, videotaping and taking pictures, is probably the best way to record data as completely as possible. However, in this study, only field notes were used to record data. The primary reason lies in the difficulty of obtaining permission from informants for audio-recording. Villagers were alert and sensitive to the use of electronic facilities during interviews because conversations sometimes contained complaints about the local government, e.g., unfair resource distribution. Repeated explanations of confidentiality and academic purpose of data could not settle informants' worries. Accordingly, neither taping nor on-scene jotting of notes was used so as to ensure the psychological sense of safety and free expression of the informants.

Since using tape recorders and taking notes were impracticable, a fourfold sequence was taken to record data. It comprised memory notes made on the spot; notes jotted down as soon as leaving the informants' homes; immediate fuller field notes on the same day of conducting the interview; and later supplementary notes when new data is relevant to previous interviews. The researcher tried to remember as much as possible during interviews. Immediately after leaving the informants' houses, the researcher sought an uninterrupted place, where she wrote down crucial components of observed scenes, interactions, concrete sensory details about action and interviews, and folk language easy to forget, using various means such as diagramming, drawing pictures and mapping. The researcher wrote a full field note on the same day when an interview was conducted. Sometimes it is inevitably for the researcher to ignore some details of an interview. Another informant's similar experience could remind the researcher of the neglected data of her previous interviews.

Data Analysis

In GTM, data analysis begins as soon as the first piece of data is collected. Data collection, analysis and theoretical sampling take place simultaneously (Glaser, 1978). The following discussion disentangles this process with the primary purpose of demonstrating how data is analyzed in GTM study. This consists of coding, theoretical sampling, writing memos and judging theoretical saturation. It is noteworthy that the first three stages do not follow a linear routine, but are carried out simultaneously.

Coding

Coding refers to a process of categorizing segments of data with a label (code) which can summarize each piece of data (Charmaz, 2006). It gets grounded theorists off the empirical level by fracturing the data, and then conceptually grouping it into codes which become the theory that explains what is happening in the data (Glaser, 1978). There are two levels of coding in GTM, substantive coding, including open coding and selective coding, and theoretical coding that connects substantive codes with theoretical codes. The ensuing discussion illustrates how coding was applied in this study.

Substantive Coding. Substantive coding comprises open coding and selective coding. Open coding is coding data in every way possible. In other words, it is "running the data open" (Glaser, 1978, p.56). Among several approaches of open coding[1], line-by-line coding was used in this research to minimize the possibility of neglecting any important category (Glaser, 1978). Box 2-1 illustrates how line-by-line coding was operated in the first interview of this study.

Box 2-1 The illustration of line-by-line coding

Open coding: line-by-line coding	
The excerpt of case 1 Madam Ban	
I ran a grocery on the street. Numerous male customers came to buy cigarettes in my shop and sometimes they flirted with me. My husband was one of my customers who came to my shop frequently. He asked me whether I was willing to marry him. I told him that I was an "able" person when sitting whilst a disabled one if standing. I challenged, "Dare you get married with me?" Later, his family really sent a go-between to propose. He is eight years older than me, but his	Ability of independent living Contacting with potential mates Receiving an informal proposal Claiming disability identity Testing the prospective mate Receiving a ritual proposal; age discrepancy; the quality, quality and more developed

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[1] These approaches mainly include word-by-word coding, line-by-line coding, incident-to-incident coding (Charmaz, 2006) and the overview approach (Glaser, 1978).

family had a tile-roofed building with two rooms on the street.	place (geographical location of the husband's residence)
My father agreed with the proposal because he wanted me to marry somebody having a house on the street. However, I regretted afterwards because my husband asked for sex. Since having sex before marriage would destroy my reputation, I disagreed and refused to marry him. My sister-in-law persuaded me to accept him and said she lived with my brother before marriage. I told her, "I am different from you. I am disabled. In case I was cheated, I cannot get married and will lose face."	Obtaining the father's approval Breaking the engagement The importance of being a virgin Refusing pre-marital sex Identifying as different from non-disabled women Avoiding double stigma

The line-by-line coding, together with three analytic questions, allows the researcher to scrutinize data carefully. The three questions are: what is the data a study of? What category does this incident (statement) indicate? What is actually happing in the data? (Glaser, 1978, p.57). With the guidance of the analytic questions, a list of codes was yielded in the course of open coding, which will then be further conceptualized at a more abstract level. A code named "criteria of selecting a mate" was temporarily[1] summarized through a concept-indicator model. This model is based on the constant comparisons between data and data, indicator (code) to indicator and indicator to the concept (Glaser, 1978). Figure 2-1 illustrates how the concept-indicator model was applied in this study to analyze the data of Box 2-1.

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[1] Codes generated initially will probably be further abstracted with the development of the grounded theory. Therefore, the term temporarily is used.

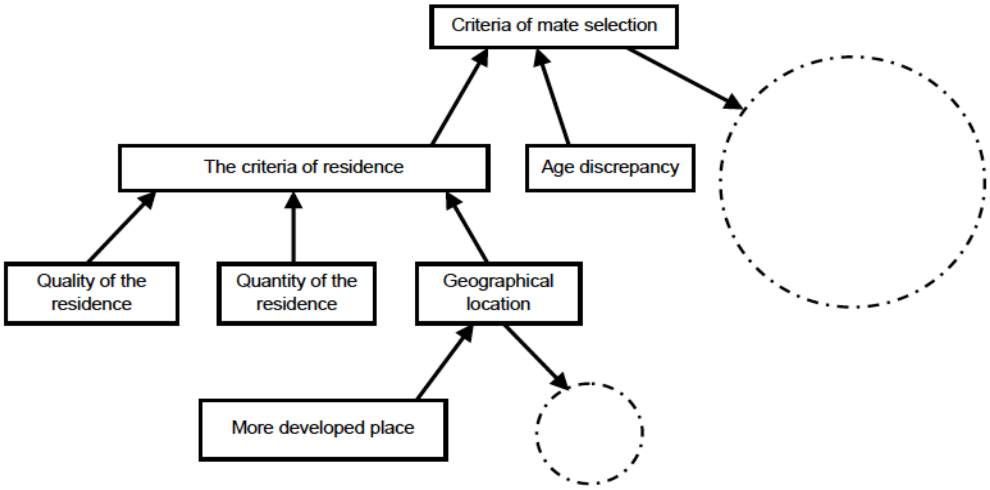

Figure 2-1 The application of a concept-indicator model
NOTE: up arrow represents the logic of induction and down arrow implies the logic of deduction.

As shown in Figure 2-1, comparing data and data generates several codes, including the quality and quantity of mates' residence as well as geographical location. These three codes indicate the criteria of mate selection in terms of residence. In comparison with the other code, age discrepancy, a category was engendered as "criteria of mate selection". However, this category and its properties are still unsaturated and thus require more theoretical samples. The dotted circle in Figure 2-1 represents samples which require further seeking because of its theoretical relevance and capacity of saturating the category.

Selective coding, paralleling Charmaz's focus coding, means that grounded theorists delimit coding to only those variables related to the core variable. That is, the core variable becomes a guide to further data collection and theoretical sampling (Glaser, 1978, p.61). This indicates that a core category has emerged in the course of open coding. Selective coding requires decisions about which initial codes make the most analytic sense to categorize data incisively and completely (Charmaz, 2006). That is, the code chosen as a core category, such as “compensating for disability identity”, can connect the majority of other codes and explain what the informants’ main concern are and their solutions in response to this concern.

The transition from open coding to substantive coding depends heavily on whether grounded theorists capture the core category appropriately. Since the theory must be grounded, the core category should be fit and be relevant to the phenomenon under study (Glaser, 1978). Thus, patience, caution as well as experience are of vital importance to prevent premature selectivity. This happened in this study twice when inappropriate “core” categories were selected. As a result, the researcher had to return to open coding because the “core” category failed to link to other variables. Indeed, Charmaz (2006) opines that selective coding is not an entirely linear process because some statements implicit in earlier stage probably become explicit in the later stage. This study moved to selective coding when one category “compensating for disability identity” was determined as the core. After the core category is selected, the coding process becomes easier because the coding process moves forward from tedious line-by-line coding to selective coding.

Theoretical Sampling. In GTM study, samples cannot be designed before a study is conducted, but can only develop in line with the emerging theory (Morse, 2007). As such, theoretical sampling is employed in GTM. It is the process of data collection for generating theories whereby grounded theorists jointly collect, code, and analyze their data and decide what data to collect next and where to find them (Glaser, 1978, p.36). This definition conveys two layers of meanings: 1) data collection, analysis and sampling are conducted simultaneously once a GTM study is initiated; 2) samples are determined by data analysis. The purpose of theoretical sampling is to seek permanent data to develop the emerging theory through saturating the properties of categories (Charmaz, 2006).

In this study, two informants were interviewed on the first day in the field because of convenient geographical accessibility. Data collected from the two cases was analyzed immediately as soon as fuller field notes were finished. One hundred and thirteen codes were generated in the open coding on the ground of the first two interviews. As discussed earlier, a theoretical gap emerges gradually as those codes are further conceptualized through constant comparisons. For instance, as shown in Figure 2-1, two categories, “criteria of mate selection” and “geographical location”, remained unsaturated and thus two concrete interview questions were developed to collect supplementary data. These two questions comprise: 1) What are your criteria when selecting a partner to get married? and 2) Are there any criteria in terms of geographical location? If yes, what are they? More data was gathered in terms of the two categories until data occurred repeatedly to indicate established categories and properties. In this way, abundant codes were generated and saturated.

Theoretical Coding. Theoretical coding is to conceptualize how substantive codes possibly connect with each other as hypotheses to be integrated into a theory (Glaser, 1978). Substantive coding fractures data whilst theoretical coding reorganizes fragmentized data according to a theoretical outline. In this vein, theoretical coding not only conceptualizes how substantive codes are related, but also moves the analytic story in a theoretical direction (Charmaz, 2006). Theoretical codes are crucial when doing theoretical coding. Similar to substantive codes, theoretical codes are emerging (Glaser, 2005), but unlike substantives codes, which emerge in the course of conceptualizing data, theoretical codes can be obtained by learning. Thus, Glaser introduced fifty theoretical codes to grounded theorists, of which eighteen in *Theoretical Sensitivity* (Glaser, 1978), nine in *Doing Grounded Theory* (Glaser, 1998) and twenty-three in *The Grounded Theory Perspective III: Theoretical Coding* (Glaser, 2005).

Particularly noteworthy is that theoretical coding usually starts during open coding when grounded theorists recognize that a segment of data is a conceptual indicator (Wuest, 2012). In other words, when grounded theorists think implicitly about theoretical codes while analyzing data, they have already begun with theoretical coding. This probably indicates that theoretical coding is initiated at the very beginning of a GTM research. In this study, theoretical codes are found quite useful in identifying relationships among substantive codes. For instance, "type family" [1] is used for organizing the category of fertility and "degree family"[2] is for classifying the category of mothering in the course of substantive coding stage. Finally, the theoretical code of a basic social process emerges to re-organize fractured data in this study.

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[1] Type family mainly includes type, form, kinds, styles, classes and genre (Glaser, 1978, p. 75).

[2] Degree family mainly includes limit, range, intensity, extent, amount, polarity, extreme and so forth (Glaser, 1978, p. 75).

Writing Memos and Theoretical Saturation

Writing Memos. Memos are the theorizing writing-up of ideas about codes and their relationships as they strike grounded theorists while coding (Glaser, 1978, p.83). This concept indicates the content of memos and the time for writing memos. That is, memos consist of numerous analytic ideas at a theoretical level and the coding process is always interrupted by memo writing when coding stimulates ideas (Glaser, 1978). The researcher found writing analytic ideas on the ground of data during coding challenging. As a GTM novice without much theoretical sensitivity (Backman & Kyngäs, 1999), there is a tendency to enter preconceived concepts during early memo writing. It became worse when memos seemed descriptive and the researcher tried to write in an analytic sense.

Several strategies were used to avoid forcing data. The first way is to keep one's mind open and return to the data. To suspend preconceived concepts, several questions were asked to check the forcing tendency: "What really happens in the data?" "What is the meaning of using the code?" "Is it an appropriate code to express the meaning that the data conveys?" If a preexisting term was used, the researcher would return to relevant data to examine, "what is the difference between the code and its original meaning?" For instance, when identity crisis was used as a code, its meaning was differentiated from Erick Erickson's interpretation and its fitness of the data was elaborated[1]. It was this process of iterative checks with an open mind that contributed to

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[1] The term identity crisis was popularized by Erick H. Erikson. It refers to a state of confusion arising from an inability to reconcile conflicting aspects of one's personality (Colman, 2009, p.363).

minimum influences resulting from previous knowledge. In addition, the researcher also read literature to cultivate theoretical sensitivity and also learned how other grounded theorists conceptualize their data[1]. These solutions helped the researcher to generate more fit codes, which yielded reasonable and grounded memos in the later stage.

Since it is a crucial feature in GTM to analyze data early (Charmaz, 2006), memo-writing started from the first day in the field till the day when the first draft of the dissertation was being written. In this study, memo was written at the beginning of data analysis. It kept increasing as the research proceeded. Some memos were written on the basis of previous memos. Memo writing progressed until the writing of the second draft. It seems that grounded theorists should keep writing memos and "it never is over" (Glaser, 1978, p.88). However, they still need to decide where to stop temporarily to present the research findings. Theoretical saturation is helpful for a grounded theorist to decide when to stop.

Theoretical Saturation. Saturation is the conceptualization of comparisons of incidents which yield different properties of the pattern, until no new properties of the pattern emerge. This yields the conceptual density that when integrated into hypotheses

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[1] There is a disagreement about when to conduct literature review in the camp of GTM. Grounded theorists from classic GTM strictly object pre-research literature review with the consideration that it may force the data (Glaser, 1998, 2001, 2005). Other grounded theorists sympathize pressures GTM users may suffer from one's professors, funding committees and other approval mechanism that require a literature review before a study is conducted (Stern & Porr, 2011). By contrast, Gibson (2007) suspects the possibility of enhancing theoretical sensitivity without familiarity with literature relevant to a substantive area. To this point, the researcher agrees with Dey's (1999) argument that an open mind is not an empty head. Keeping open is more crucial for a grounded theorists than struggling with cautious distancing from relevant literature.

make up the body of the generated grounded theory with theoretical completeness (Glaser, 2001, p.191). That is, saturation means that no new data contributes to generating new properties. The criteria for determining saturation, according to Glaser and Strauss (1967), are a combination of the empirical limits of the data, the integration and density of the theory and the analyst's theoretical sensitivity. However, Morris (1995) asserts that in qualitative research, the signals of saturation seem to be determined by the researcher's proclamation rather than proof that they have achieved it. Therefore, there are some principles that a grounded theorist has to consider when announcing saturation.

The first principle is that narrowing the study domain can help achieve saturation (Wuest, 2012). For instance, in this study, saturation is relatively easy to accomplish when the study terrain shifted from a quite general research topic—marriages of women with disabilities in rural China—to how women compensate for their disability identity through marriages. Additionally, breadth and diversity of study domain is significant when considering time and costs of achieving theoretical saturation (Wuest, 2012). To put it in another way, empirical factors affect the decision of proclaiming saturation. For example, considering the normal period of PhD study, the present research was limited geographically to a township, which made saturation relatively easy. Apart from narrowing the research topic and the geographical boundary, following an appropriate procedure in GTM can contribute to saturation. This procedure consists of selecting a cohesive sample, using theoretical sampling, saturating each negative case, and collecting rich, full and complete data, all of which can help a grounded theorist to achieve saturation (Morse, 1995).

Empirically, approximately thirty to forty interviews and hours of observation are generally adequate to reach saturation of conceptual categories (Stern & Porr, 2011). In this study, since only nineteen married women with disabilities were available in Bai Township and all of them were interviewed. At least fifty seven interviews and hours of observations were conducted repeatedly with these nineteen cases and many of them had been interviewed or visited repeatedly. That is, theoretical sampling was carried out among these women and their families during the process of visits and interviews. The researcher decided to stop data collection when there were no new data that could develop new properties of a category. When all the incoming data showed fitness to the existing but not new categories, e.g. role performance, types of fertility and disabled matching, the researcher recognized that the present study had reached a point of saturation within the nineteen cases available in the Bai Township. Then her attention was shift to exploring the relationships among these emerging categories and properties through sorting.

Sorting and Writing

Sorting in GTM Study

Sorting consists of arranging memos in a theoretical outline in preparation for the writing stage (Glaser, 1978, p.116). That is, sorting bridges a pile of memos and the final writing. In GTM studies, sorting goes beyond the first step in organizing a dissertation and it serves as an emerging theory (Charmaz, 2006). It is based on theoretical codes and aims to achieve theoretical integration (Glaser, 1978). Given that coding is a process of fracturing informants' narratives in the form of categories and properties, sorting reorganizes these fractured categories according to an integrated theoretical outline.

Several means of sorting are recommended by experienced grounded theorists, including technical ways such as using a computer program focusing on qualitative analysis; manual work such as coding, cutting up and sorting hard copies (Wuest, 2012); or some creative means such as plastering walls with cards containing the tiles of memos (Charmaz, 2006). In this study, manual sorting was used and the sorting procedure was manipulated in the following way. Each category and property were written down on color labels; categories and their properties were differentiated according to colors and shapes; a big table was used for sticking these labels; starting from the first category—criteria of mate selection—identified in memos, these labels were arranged to fit and refit until a clear theoretical line emerged.[1] A basic process finally emerged as the theoretical code which can connect the core code and other codes.

Writing in GTM Study

Writing is the final stage of conveying research findings. GTM differs from other qualitative research methods in terms of writing in the following ways. The first difference lies in the content of writing. GTM is writing on the theoretical level. As Glaser (1978) maintains, “the dictum is to write conceptually, by making theoretical statements about the relationships between concepts, rather than writing descriptive statements about people (p.133).” Therefore, data inserted in the GTM writing is in the

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[1] Great thanks to Dr. Ho Kwok-leung and members of GTM study group for originating this hand sorting method.

service of conceptual explanations (Wuest, 2012). In this study, salient data was selected to demonstrate each category and property, rather than the description of individual case.

Secondly, the nature of GTM writing is a process of emerging, rather than a fixed routine with a preconceived writing framework. Charmaz (2006) points out that writing the finished report in GTM may be filled with ambiguity and uncertainty. Although grounded theorists write on the basis of a theoretical line arising from sorting, writing itself is also a stage of generating theory. As a result, grounded theorists still need patience and an open mind for any unexpected things that may emerge during the writing stage. In this study, a clearer theoretical outline emerged in the course of writing the first draft. Therefore, another round of sorting was conducted and the final draft was written in line with the new theoretical framework.

The final characteristic of GTM writing is adding in literature when writing (Wuest, 2012). To avoid influence from preconceived theories, literature review is not recommended prior to the emergence of the final theory (Glaser, 1998, 2005). Unlike literature in other qualitative research which proves a researcher's knowledge of this area and simultaneously pinpoints a theoretical gap wherein a specific study can occupy a niche (Paltridge & Starfield, 2007), literature in the GTM study is perceived as data (Glaser, 1998, 2001, 2005). In this study, literature related to compensating for disability identity was reviewed after the sorting stage. Journal articles, monographs, social policies and relevant statistics were examined to complement the grounded theory in this study on the one hand, and on the other, a comparison was conducted between the literature and the theory generated in this GTM study with a view to integrating the voice of women with disabilities in rural China into the present disability studies.

Measures to Enhance Trustworthiness of the Study

Four criteria to guarantee the credibility of a GTM study are recommended by Glaser and Strauss (1967): fit, relevant, practicable and modifiable. Fit means that concepts generated must grab what the data implies (Glaser & Strauss, 1967; Glaser, 1978). This indicates codes used to summarize data should be the most appropriate ones. According to Glaser (1978), grounded theories arrive at relevance because it allows core problems and process to emerge. That is, if a grounded theory captures the main concern of informants, it is inevitably related to their core problems when used to explain their daily lives. Practicable means that a theory should explain what happens, predict what will happen and interpret what is happening in the substantive area under study (Glaser & Strauss, 1967; Glaser, 1978). The final criterion, modifiability, refers to capacity of a grounded theory to change in response to new data (Glaser & Strauss, 1967; Glaser, 1978). It seems that these criteria can be achieved if a grounded theorist follows a rigorous procedure. However, since there is a risk of slipping into forcing at each stage when conducting grounded theory, from coding to memoing, to sorting and writing, other means to enhance trustworthiness were considered in this study.

Transparency is used to improve the trustworthiness of this research. The whole process of conducting the GTM study was documented to understand how the substantive theory is developed (Yin, 2009, 2011). The struggling research journey of this study can be detected through the original field notes, coding book, memos, sorting book and the researcher’s personal diary in the field. Additionally, peer debriefing is another method to enhance trustworthiness. The researcher had joined a GTM study group since June, 2010 where group members learned GTM from a mentor and conducted GTM in various substantive areas. Coding process and memos were checked by group members and the mentor to examine whether preconceived concepts were used as codes. In addition, triangulation is employed to build a coherent justification for the grounded theory (Creswell, 2009). In this study, data collected from different informants (women with disabilities, their husbands and children and villagers), from various contexts (everyday life and feasts), and with different research methods (interviews and observations) were triangulated to generate an integrated theory.

Chapter 3 Disability Identity in the Village Environment

Introduction

In this chapter, disability identity is analyzed in the context of the village environment where women with disabilities and their families live. From the villagers' perspective, disability identity can be interpreted as a demographic identification and *zaonie* (extreme misfortune) which probably arouses their sympathy, hence fostering a supportive environment for these women. As for women with disabilities and their families, accepting disability as an unavoidable life event, interpreting it as their fate, explaining it in terms of superstitions and a fairy tale help convince them to live with disability identity positively. Although disability identity is completely visible in the village environment, women with disabilities and their family members still need to manage it considering the need to make compensations and sustain family reputation. In contemporary rural China, villagers' attitudes towards people with disabilities are experiencing subtle changes due to modernization, urbanization and the adoption of market economy. These changes are reflected in the structural and cultural marginalization and exclusion of women with disabilities and their families.

Villagers' Perceptions of Disability

Disability as a Demographic Identification

Disability identity as a demographic identification means that women with disabilities, as well as their families, either maiden or married families [1], are predominantly identified by other villagers in terms of disability. Disability appears to be a principal identity of these families in the village environment. The significance of disability as identifying a family can be illustrated by the excerpt of a field note:

> "Identifying families with disabled people is quite easy because in a village everyone is familiar with each other. Disability is so distinct a characteristic that families with disabled members can be pinpointed immediately. When I (the researcher) arrived in each village and inquired about disabled people, warm-hearted villagers would inform me of all the families with disabled persons in the village and sometimes they also knew disabled people in the neighboring villages. Sometimes, young children in these villages were so friendly that they showed me to the door of these families." (field notes on March 10, 2010)

Being mainly identified according to disability identity does not mean that it necessarily embodies a stigma, or that women with disabilities unavoidably internalize disability as a spoiled identity. In the sense of a demographic identification, disability is similar to other family characteristics such as family name, numbers of children, and career of family members, which distinguish a family from others in the village environment. From this perspective, disability is a primary identity which does not necessarily convey

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[1] This chapter focuses mainly on the lives of women with disabilities in their maiden families before their marriages. Only several quotations are extracted from their marital lives because some natures of disability identity are shared by both stages.

a discriminatory meaning. For instance, one woman with hereditary dwarfism expressed her being identified by the disabled label neutrally:

> "All the people in the village, little kids as well as old people, call me 'the second short aunt' because I am the second daughter in my family. If you enter the village and inquire about 'the second short aunt', everybody knows me, even a four-year-old kid will show you to my door." (Case 6)

The underlying reason for disability as a demographic identification has its roots in the transparent life of the village environment. It means that villagers' private lives are exposed to the public and unlike their city counterparts, village people have less privacy. Physical closeness of houses, frequent mutual visits, chatting in the afternoon and the Sunday market, intensify possibilities of discovering and spreading each family's privacy. Goffman claims that people bearing a stigmatized identity are striving to disguise these identities in order to "pass" unobtrusively (Goffman, 1963). However, such struggling is meaningless in the village environment where hiding any family secret is impossible. This research finding is echoed by Riessman's (2000) study with childless women in South India. Infertility cannot be concealed either in these women's families or in public. Riessman points out that when applied to Asian context, Goffman's theory, which assumes a self-determining, autonomous individual with choices and a mass society that allows for privacy has limitations.

Disability as a demographic identification conveys a relatively neutral meaning. It seems that women with disabilities and their families accept this identification without any resistance or discomfort. In such a transparent village context where people with disabilities are completely exposed to the public, whether their disabilities are visible or invisible, concealing disability identity is out of the question. It is not the objective demographic identification, but the subjective attitudes of villagers towards people with disabilities and their families that construct their inferior social status in the village environment.

Disability as Zaonie

Women with disabilities and their families are described as *zaonie* (extremely unfortunate) by villagers. Although the term *nie* in Buddhism generally expresses a causal link between people's evil behavior and their suffering (Naemiratch & Manderson, 2009), in the perception of villagers in Bai Township, *zaonie* solely conveys the meaning of ill-fate or ill luck and is thus pitiable. This interpretation protects women with disabilities and their families against possible accusation in terms of their moral performance. That is, disability does not represent a punishment, but is only a misfortune determined by fate or *laotian* (heaven). Disability is treated as a personal, as well as a familial tragedy. Families with daughters with disabilities are perceived as different from other "normal" families in the village. Villagers frequently use 'such kind of families' to describe these women's families, which implies their inferiority and abnormality in contrast with families without members with disabilities. For instance, one villager who paid a visit to a shop run by an informant with two daughters with hereditary dwarfism showed her great pity for this family:

> "Such kinds of family are really *zaonie*. How do these children grow up with their disabilities? We live in the village and see the little girl walking with this posture every

> day. She is only four years old. I feel such pain in my heart even though I am an outsider of the family. ” (Case 6)

Interestingly, disability identity as a personal/familial tragedy does not necessarily yield negative results, such as discrimination and segregation. Rather, women with disabilities and their families obtain support from some warm-hearted villagers due to their sympathies for those families. In the present study, the first generation of migrants who settled in Bai Township in the 1960s were reported to have offered help to people with disabilities and showed unconditional sympathy for these people. They did so more out of affection, interpersonal relationships and the desire to accumulate virtues through doing good deeds rather than from a cost-benefit analysis perspective. The ensuing two cases provide examples of women with disabilities obtaining unconditional support from their neighbors:

> “My neighbor was an old couple. They really helped me a lot. I planned to run a restaurant after getting married. But we were so poor and had nothing to begin the business. They gave me one big bowl of pepper oil and several kilos of noodles to start…… when I decided to leave the village and move to the capital city, they prepared delicious dishes to say good-bye to me. I was invited to their home. Tears came down my cheeks when they gave me a bowl of food. I did not know how to repay them. In the past years, they always allowed me to repair shoes under their roof so that I could take shelter against rain and sunshine every day…….” (Case 1)

> “The price of all shops on the street has been tripled in the past five years. But my landlord never charges more because they sympathize with my hardships. The rent of my shop remains the same as five years ago.” (Case 19)

Women's Perceptions of Their Disability Identity

Reasons for Disability

Informants in this study contracted their disabilities because of four main reasons: irremediable diseases, hereditary disability, an accident and other unknown reasons. The majority of women born from the 1950s to the early 1970s acquired their disabilities due to untreatable diseases. This mainly consists of women with physical disability, and those with hearing and speech disability. Almost all these women with physical disability became paralyzed disabled after suffering poliomyelitis. But instead of being treated for poliomyelitis when they were children, they were treated for influenza because both diseases had similar symptoms. Indeed, a group of people with physical disability became victims because of the lack of polio vaccine at that time in rural China. One informant recounted the day when she became paralyzed:

> "I was about six or seven when I got sick. I had a serious fever and was sent to a local clinic for an injection. My situation did not get better after several days' treatment. One day, I got up, climbed out of my bed as usual but fell on the ground after only three steps. My father shouted to my mother, 'Come quickly, our daughter cannot get up, come quickly!' I had received treatment in different clinics since then but never recovered. (Case 2)

Similarly, girls with hearing and speech disability were sent to the hospital, where diagnosed having influenza and received injections with penicillin or gentamicin, which directly resulted in deafness and dumbness. In fact, the reason of physical disability and hearing and speech disability was the poor medical condition in rural areas in old days. As for hereditary disability, it mainly refers to inherited dwarfism in the present study. There is a family consisting of four generations with this hereditary disability. Apart from the above reasons, an unexpected accident in the daily life is another cause of such women's disability. For instance, one woman with hearing and speech disability acquired her disability accidently at the age of two. Her husband narrated the accident that resulted in his wife's disability:

> "She (his wife) was so cute when she was a child. So villagers liked to play with her when passing by her house. One day, a man tried to make a loud sound by clapping his hands. But he accidently slammed her face. She became deaf and dumb since then." (Case 11)

However, not all families can trace the reasons for women's disabilities. Some disabilities occur for unknown reasons. For instance, a mother who gave birth to three children with hearing and speech disability wondered why her children acquired this disability:

> "I really do not know what happened to my family. Nobody from my family or my husband's family is deaf or dumb. But three children were born with this disability. They did not acquire disability by injection as other disabled people did. It is really strange." (Case 12)

Interpretations of Disability Identity

Informants in this study perceive their disability as an unavoidable life event given that disabilities arise out of some the objective factors, such as poor medical conditions and unexpected events. Taking on disability identity and living a life with disability are still challenges for women with disabilities. Thus, they employ several devices to rationalize their disability identity. They try to explain their disability with determined by destiny or other thinking that their disability is superstitions or telling a fairy story.

Destiny. That disability is determined by destiny is the first interpretations of women with disabilities and their families. This coincides with a study which shows that 31.7% people with disabilities in the middle area of China perceived their disabilities as arranged by fate (Zheng, 2007). Interpreting disability with destiny has two impacts on these women and their family members: it consolidates the belief that disability is an unavoidable event; and it gives confidence to women with disabilities and their families that they can obtain compensation in line with their suffering. For example, one informant with physical disability believes what "*Laotian* (heaven) makes, it compensates".

It is noteworthy that interpreting disability with destiny works to neutralize the negative explanations of disability. That is, disability is not treated negatively such as punishment for sins (Zhao, Luo & Liu, 2008) or accumulated demerit (Naemiratch & Manderson, 2009). Rather, the unfortunate people are only selected randomly with unknown reasons. This interpretation is vital for women with disabilities and their families to distance themselves from the feelings of guilt and shame. Neutralizing disability by interpreting it with destiny probably can be explained by people's instinct to protect their psychological well-being. For instance, a mother whose daughter has psychiatric disability expressed her innocence as follows:

> "I worship the Bodhisattva and abstain from meat three days of a week. I also take care of other people with disabilities in the village since I got married. I really do not know why I have a daughter with 'this disease'. It is really fate." (Case 10)

Superstitions. Explaining disability with superstitions is common in Bai Township. In comparison with the interpretation with destiny, it purposes to "seek the reasons" and thus "solve the problems" with indigenous means, such as doing geomancers' activities. These activities can provide psychological comfort to these families. Coincidences tend to strengthen people's beliefs in causal connection between disabilities and superstitious explanations, such as inappropriate direction of ancestors' tombs, offending snakes by driving them away and so forth. For instance, a mother with three children born with hearing and speech disability expressed her belief in superstition firmly:

> "It is really strange that the first three children are disabled. We found a geomancer to 'have a look'. After circling around our house, she pointed out the direction where my mother-in-law was buried and told us that children's disability came 'from the tomb'. She asked us to relocate the tomb. We followed her suggestion. My fourth son is non-disabled." (Case 12)

Fairy Story. A fairy tale is consistently used in the family with four generations of hereditary dwarfism. The story has been narrated from generation to generation, which attributes the responsibility for inherited disability to an ancestor who offended the Goddess. In this way, all the offspring with hereditary dwarfism are constructed as victims. Here is the fairy story narrated by the second-generation woman with dwarfism:

> "My grandparents visited the Goddess of Mercy Festival[1] at a temple shortly after they got married. When they entered the temple, my grandfather pointed at the clay sculpture of the Bodhisattva and said, 'Wow, why these Bodhisattvas are so small? One year later, my father was born as a dwarf. My father has six siblings. Everyone is tall except him. His disability has passed on to three generations in my family. Young people seldom know rituals in the temple. I told you, you should remember, guard your tongue in front of Bodhisattva." (Case 5)

The fairy tale usually becomes a valuable lesson to caution other villagers to discipline themselves in front of the Bodhisattvas. In this vein, the fairy tale constructs this family clan as victims for the public benefit, reminding villagers to be self-disciplined. It also shifts the responsibility for disability to the dead ancestor and thus reduces mothers' guilt of delivering children with dwarfism. When being asked whether they blame their mother for their hereditary dwarfism, the third and fourth generation women with disability presented the following answers:

> The third-generation woman: No. My mother also inherited it. Both of us are victims. I never blame her. This situation is not what she expects. (Case 6)
>
> The fourth-generation girl: No. If somebody should take the responsibility, it is my grandmother's grandfather. It is he who spoke wrong words in front of the Bodhisattvas. (Case 6)

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[1] It is the festival for celebrate the Bodhisattva's birthday on February 19, Chinese lunar calendar. Villagers gather at the temple, eat vegetarian diet, burn incense to pray for wishes.

Managing Disability Identity

Reasons of Managing Disability Identity

As discussed earlier in this chapter, disability identity is highly visible in the transparent village environment and thus cannot be covered. However, women with disabilities and sometimes their families still need to manage disability identity because of two considerations. The first reasons lies in the penetrating nature of disability identity. That is, disability identity is a powerful identity that has the potential impact to transcend other identities (Shakespeare, 1996). Since sometimes disability is perceived as the primary identity of these women, especially for women with intellectual and psychiatric disabilities, it is necessary for them to manage their disability identity to minimize negative influences arising from it. The field note of an informant with psychiatric disability illustrates how her disability identity is dominant.

> The informant went to the bank to take her salary and she was informed by the bank staff that there was one-hundred-and-eighty-yuan (about US$ 28.6) interest in the bank account. She spent eight yuan (about US$ 12.7) on purchasing a gift for the staff member. Several days later, the bank staff asked the informant's mother to take the gift back because she did not want to be perceived as taking advantage of people with disabilities. The informant explained that the gift was only for expressing her thanks. However, her behavior was perceived as the part of her disability. (Field note, June 8, 2010)

The second reason of managing disability identity resides in its negative influence on other family members. That is, disability identity is a personal identity as well as a familial identity. Phillips, Pearson, Li, Xu and Yang (2002) have similar research finding with which they propose that stigma in Chinese society quickly moves from affected individuals to his/her family. In this study, the maiden families, as well as married families of these women, are affected by women's disability identity in the way that they internalize disability as a negative family stigma and identify themselves through this stereotyped identity. The ensuing excerpt from field notes reflects how the husband and the daughter of a woman with psychiatric disability identify themselves:

> "When I (the researcher) paid the second visit to Liao's (a woman with psychiatric disability) family, her husband was chatting with anther male villager at home. He came out to welcome me as soon as he heard a gatekeeper's voice. To my surprise, the first words he said to me after my introduction was, 'We feel so ashamed with this kind of person in the family.'" (Case9, field notes on June 7, 2010)
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> "The third interview was arranged on the weekend because I wanted to interview Liao's children. When I asked her daughter whether she knew the reason of my interview, her answer astonished me. 'Yes, of course. You come to interview such difficult families like mine.' I felt surprised that the twelve-year-old girl has a clear identity in terms of poverty and disability of her families and classified it as 'such kind of families'."(Case 9, field notes on June 23, 2010)

Strategies of Managing Disability Identity

Since disability causes negative effects on both women with disabilities and their family members, several strategies are employed by both parties to reduce its depressing impacts. For these women, diminishing the salience of disability identity and making contribution for compensation are two main strategies. The first strategy means that women endeavor to overcome negative impacts caused by their disabilities to avoid being the burden of their family, using methods like mobilizing on one's own, being invisible, remaining silent and even attempting suicide. To avoid bothering other family members, most women with physical disabilities work out various means to move around on their own. Lacking professional rehabilitation service, indigenous appliances are made creatively to assist these women's mobility, such as a moving box with wheels, wooden stools and crutches. Being invisible is employed mainly by women with intellectual disability and those with psychiatric disability. Fully aware of their disabilities as stigma for their families, some women choose to leave in the presence of guests. For instance, the following observation extracted from the field notes demonstrates the strategy of being invisible.

> "She arranged a seat and served each guest with a cup of tea. When guests began to talk about family issues, she left silently for another room, opened a window, watched a group of children passing by and talked to herself. She murmured, 'wow, it is teachers' day today. Schoolchildren do not attend school'……when all the guests attended a feast, she refused to go with others but stayed at home alone. She said that she never attended feasts not even those held by her own family." (Case 10, field notes on April 5, 2010)

Remaining silent is the third approach that women with disabilities used to diminish the salience of their disability identity, especially when they are perceived by family members as "intellectual deficit". This strategy is to avoid further argument with other family members. The following two examples illustrate how this strategy is used:

> "When she (a woman with mental health need) tried to participate in the talking, her parents seemed not to pay attention to what she said because they thought what she said was all 'nonsense'. Sometimes, if she said something wrong or inappropriate, his father would shout at her, 'You know nothing.' She laughed in an embarrassed way, remained silent, and never got involved in the chatting." (Field note on May 10, 2010, Case 10)

> "When Sun's (the family name of an informant with intellectual disability) second sister was talking about her father's dream, Sun was so enthusiastic about it that she tried to share her opinion. However, her sister shouted at her, 'Shut up. You know nothing.' Then she continued to complain, 'Both of them (the informant and her daughter with disability) are family burdens……Sun kept silent, sitting on a sofa without participating in the conversation." (Field note on July, 1st, 2010, Case 13)

In some extreme cases, some women with disabilities attempt suicide to avoid causing trouble to their family members. Attempting suicide is the last resort for these women if their survival, physical and/or psychological, has been threatened. An informant with physical disability who has attempted suicide six times in her life presented an example:

> "Several days after my first attempted suicide, my mother heard from other villagers that I had jumped off a cliff. She asked me what happened and I told her everything. We held each other, sobbing together. I told my mother, 'my younger sister and brother can do some work in the field but I cannot because of my disability. My survival makes both of us suffer. Just let me go wherever I want.' Since then, my mother arranged my siblings to follow me everywhere I went and worried about my suicide. But I had made a strong decision to die. One day, I went out to mow pig weeds with my younger sister. I asked her to mow in the upper field. Then I put down my basket and jumped into a pool. In fact, I have searched the pool for a long time. I need to find a way to commit suicide successfully. I looked around to make sure that nobody could find me before jumping. But finally a villager saved me……" (Case 1)

Apart from diminishing the salience of disability identity, making contribution for compensation is the second strategy that women use to manage their disability identity so as to avoid becoming family burden. Eg, they make contributions to their families by being omnipotent domestic workers and taking responsibility for most domestic affairs. One woman with physical disability described her hard work in the maiden family:

> “I did everything in my family, such as breaking coal, cooking, washing clothes for all family members, feeding pigs and caring for younger siblings. Others had cracks in the palms, but my cracks extended to the elbow in winter.”(Case 2)

Even for women with disabilities who are incapable for most domestic affairs, they still can work as an assistant labor in their families. The following long quotation of observation extracted from the field note reflects how women with disabilities strive for survival through making contributions by providing aids.

> “When the present researcher was chatting with a mother-in-law of Li, she came in and asked ‘Mum, where do I put the corn. The mother-in-law gave her instruction impatiently and continued chatting with me…….during the process of my interview with the mother-in-law, Li kept doing the housework: cleaning the floor, boiling food for pigs and making a fire. Li did not know how to stoke the fire. The mother-in-law directed her to put more wood into the stove frequently and urged her to prepare pig feed. The small room was full of strong smoke, which made Li nervous. She blew the fire, which made her shed tears and she could not open her eyes. The mother-in-law began to complain about her laziness……when the present researcher conducted the second interview, Li stood outside of the room and asked her mother-in-law, ‘Mum, when can I go to take cattle back home?’ She received no answer because the mother-in-law is talking with the present researcher. Li kept standing outside and did not know what to do next until the mother-in-law directed her to go and check whether the cattle are fully fed. ” (Case 14, field notes on August 27 and August 30, 2010)

Other than women with disabilities, their family members also employ strategies to manage disability identity with the purpose of protecting the family reputation. Demanding less public visibility and transferring the stigma are two main approaches used by these women's families. Although disability identity cannot be concealed in the transparent rural context, less visibility of women with disabilities can avoid overwhelming gossip in the village and can thus sustain the family reputation. The following three examples from different families can illustrate how these women's visibility impacts on the dignity of their family members and thus they are required to be invisible.

> "If it is hot in summer, she wears red clothes and tight trousers, with a big red flower in the hair. Villagers will laugh when she walks out in such dress. I usually stop her at the gate and persuade her to go back home to take it off. And then I will hide it." (A mother of a woman with psychiatric disability) (Case 10)
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> "My son does not care but my daughter asks me not to go out to pick up rubbish in the street. She said that she was teased by her classmates because they saw me in the street every day." (An informant with psychiatric disability) (Case 9)
>
> "My son works at the electricity company. He does not allow me to visit him. Colleagues will gossip about him." (An informant with intellectual disability) (Case 18)

When women's disability identity impacts on their siblings' marriages, another strategy named transferring the stigma is utilized by their families. It refers to marrying off women with disabilities as a way of removing the stereotype caused by disability identity. Detailed illustrations are presented in the next chapter.

Changing Village Environment and Attitudes towards People with Disabilities

The Supportive Environment and Villagers' Sympathy in the Old Days

With the support and sympathy of the first generation of residents, the village environment was traditionally more safe and protective for people with disabilities. Moreover, the low mobility of villagers resulted in familiarity among people in neighborhoods. Any stranger was identified effortlessly as soon as he/she entered the village. Thus, in case people with disabilities encountered any accident, people involved could be identified immediately. One informant's experience of being defrauded illustrated how traditional village environment could protect women with disabilities.

> "In 1993, it was so common in each village for a group of men to drive motorbikes and use counterfeit currency to swindle. They bought one hundred yuan (about US$ 15.9) counterfeit notes. If they could spend it, they could make eighty yuan (about US$ 12.7) in real currency. One day when a man drove a motorbike to buy a pack of cigarettes and other goods, at a total price of forty yuan (about US$ 6.4), I needed to give sixty yuan (about US$ 9.5) changes back to him. You know, I could recognize from his facial expression that he could not bear to cheat a disabled woman. When I looked for change in the box, he said hesitantly, 'you need not give me the change if you do not have enough money.' Unfortunately, there was enough change in the box and I was thus cheated by him. I recognized it after he drove the motorbike away. I shouted on the road and several villagers doing farming in the field tried to catch him for me, but failed. Then I went to the street and searched for him in each restaurant. I was informed who he was. I visited his parents in another village and told them what happened on me. They made an apology to me and criticized their son as a 'short-lived son'[1]. Since their son

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[1] It is a vicious curse in rural China wherein parents expect their son long-lived to pass on the family line.

> worked for a coal factory and stored much coal in their yard, the old couple compensated me with a great amount of coal." (Case 6)

The long quotation above from the interview indicates the traditional protective atmosphere in the village. It was similar at school where children of such families tended to receive more support and less discrimination in the old days. One mother offered a good example to illustrate how schoolboys sympathized with her son's family situation and offered their support.

> "The school arranged a spring outing every year, but my son refused to take part in it because he knew that our family had nothing to contribute. All the teachers and classmates liked him and they also knew our family's economic situation. His classmates invited my son to go with them and comforted him, 'if each of us takes a handful of rice more, it is enough for you. You just need to take pots, bowls and pans for cooking." (Case 17)

In the old days, although disabilities evoked negative attitudes, they ironically also yielded a positive result in terms of the sympathy such disabilities engendered. This benefited women with disabilities and their families in the village environment. But the present situation is not so optimistic. With the development of rapid urbanization and modernization, villagers' attitudes towards these women and their families are being reshaped.

The Changing Context and Villagers' Pragmatic Attitudes

With the development of the market economy and urbanization, villagers' attitudes towards the disabled women's families are in a phase of reconstruction. Attitudes are transiting from the positive attitude of unconditional offering assistance to the passive attitude of not offending. Sympathy and unconditional aid to these families are decreasing, especially from the younger generation. Contemporary Bai Township is undergoing various changes which affect women with disabilities and their families: higher mobility weakens familiarity among people and the rural environment becomes less protective for the vulnerable people; additionally, women with disabilities and their families are excluded from certain aspects of the public life due to the combination of disability and poverty.

The village environment is not as protective and supportive as in the old days, when helping persons with disabilities and other vulnerable groups was perceived as a means of accumulating virtue. The market economy tends to make some sellers prioritize making-money regardless of customers' disability identity, or even worse, take advantage of such women's vulnerabilities. Higher mobility of population complicated the Sunday market in Bai Township and women with disabilities obtain less protection when participating in market exchange. In contrast with the earlier informant who could identify the deceiver and thus received coal as compensation from his parents, another woman with psychiatric disability was not so lucky. She recounted her recent experience of being swindled when purchasing in the Sunday market:

> "I cannot count and am always cheated by others. Last week I went to the Sunday market to buy a bag of rice. The price is one yuan nine jiao (about US$ 0.3) per jin[1] and I bought thirty jin for sixty yuan (about US$ 9.5). I did not realize this mistake until I went back home and was informed by my children that I had been fooled. He did not show up in the market anymore." (Case 9)

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[1] Jin is a unit of weight. One jin equals half kilogram.

In comparison with the old days, women with disabilities and their families now obtain less unconditional support and sympathy from villagers. Rather, they suffer exclusion in certain public activities. Feasts, an important social activity in rural society, are good opportunities where women with disabilities can participate in the social life of a community, demonstrate their ability and eliminate peoples' prejudice. But these women and their families are being marginalized and excluded from these activities due to poverty and women's disabilities.

In contemporary Bai Township, feasts are the main concern of villagers' life. Feasts are ways to sustain social networks and circulate money. However, they result in heavy economic burden and social pressure on the villagers. One villager complained about the present stressful life caused by various feasts in Bai Township:

> "Some villagers really have no sense of shame and find any possible excuse to hold a feast, from a wedding feast to a one-month celebration for a new-born baby, from parents' birthdays to their funerals, from moving to the new house to children's attendance at college. There is at least one feast per day on my calendar, sometimes, two or three feasts each day. You cannot avoid being invited. A host can always find you anyhow unless you move out of the village. He/she will come to visit you several times every day and finally give you an invitation. We really cannot afford the feasts, and sometimes need to borrow money from others to attend the feasts. So if we do not invite them back by holding feasts, we cannot get our money back. We do not want to host the feasts, but if we do not, money given out is like skipping stones in the lake." (Field note on October 22, 2010)

In this vein, it seems that disability identity becomes a buffer for families of women with disabilities in consideration of the economic pressure of feasts. However, the underlying reason of the social exclusion of these families is their economic inferiority. This can be vividly illustrated by a common family's *renqing*[1] memo of November and December in 2010.

Table 3-1 A two-month renqing memo of a common family in Bai Township

Date	Name	Issues	Money (yuan)
Nov.4	Chen's son	Wedding ceremony	100
	Lu's son	Wedding ceremony	100
Nov.5	Miss Qiu	New housewarming	100
	Miss Yu	New housewarming	100
Nov. 8	Zhang's	Funeral	100
Nov. 13	Xuan's	New housewarming	100
	Wang's	New housewarming	200
Nov. 15	Luo's father	Funeral	100
Nov. 17	Dou's son	Wedding ceremony	300
	Li's	Birthday celebration	100
Nov. 18	Pan's	New housewarming	100
Nov. 20	Zhang's	New housewarming	200
Nov. 21	Chen's	New housewarming	200
Nov. 25	Chen's daughter	New housewarming	100
Nov. 29	Huang's	New housewarming	200
	Zhang's	New housewarming	100
Total			**2,900 (about US$318)**
Dec. 1st	Yang's	New housewarming	200
Dec. 4	Liao's	New housewarming	100
Dec. 5	Liao's	New housewarming	100
Dec. 9	Li's son	Wedding ceremony	200
Dec. 10	Wei's	New housewarming	200
Dec. 18	Song's son	Joining in the army	300
Dec. 20	The aunt's	New housewarming	1,200
	Lei's son	One-month's celebration for	100

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[1] *Renqing* memo is a record of lucky money receives from and gives at other villagers' feasts, which is a reference of calculating how much should pay for others' feasts. Almost all families in Bai Township have a *renqing* memo.

		the new-born baby	
Dec. 25	Jin’s	The father’s birthday	100
Dec. 26	The uncle’s	Birthday celebration	600
Total			**3,000 (about US$476.9)**

Considering the annual income of the majority of villagers, the expenses on feasts presented in Table 3-1 are far beyond their affordability. Generally speaking, borrowing money from relatives and holding feasts to circulate money are two channels for villagers to survive. However, families with women with disabilities fail to utilize these two means. The majority relatives of women with disabilities are also in poverty. Even those who are in better economic condition are reluctant to lend money to these women’s families in consideration of their repaying ability. Holding feasts is not practicable for families of women with disabilities because preparing feasts needs capital. As a result, these women’s families are not expected by villagers to attend feasts and most of them choose not to participate in various feasts and marginalize themselves.

Apart from poverty, women’s disability identity is the other reason of their being excluded from the feasts. Some families with women with disabilities obtain opportunities to attend several feasts in the village. However, only their husbands are invited even though these families send lucky money. Women with disabilities are prohibited covertly due to a bias that they cannot contribute to the feasts. It mirrors one aspect of pragmatic interpersonal relationships in the contemporary rural society: they are considered financial burden. Only those who can contribute to the feasts, such as cooking, laboring and washing dishes, deserve to eat at the feasts. Women with disabilities are prevented from participating in the feasts because they are assumed to take more than what they can contribute. A statement of one woman with physical disability expressed her experience of suffering discriminations at feasts:

> "If any family in the village has a feast, we should go to give some money and at the same time provide help. Last week one villager moved to a new building and invited us. I went there and wanted to help with chores. Although I am disabled, I can help with washing dishes, cooking and other chores. I heard of their gossip behind me that I came for free eating without any assistance. I got angry, left and asked my husband to go to help." (Case 3)

Briefly speaking, the village environment is undergoing transition from agricultural economy and traditional society to market economy and modern society respectively. This transition causes the changing survival context of women with disabilities and their families, from supportive and protective to pragmatic and tangible. Women with disabilities and their families, thus, are further marginalized in contemporary rural China.

Conclusion

Interpreting disability as *zaonie* (extreme misfortune) constructs the inferior status of women with disabilities and their families in contrast with other families in the village context. In the old days, this understanding of disability ironically cultivated a supportive and protective atmosphere for these women due to villagers' sympathy. That is, negative attitudes towards people with disabilities probably yield positive results. Nevertheless, this positive atmosphere is changing with the rapid urbanization and modernization. Rural people now become more pragmatic and calculating in contrast with the old days. Thus, women with disabilities and their families suffer further discrimination, in particular, at various feasts. It is suggested that future research can shed more light on this changing environment and the structural marginalization of women with disabilities and their families. The following questions can be further explored: How does market economy reshape villagers’ values and foster pragmatic and calculating attitudes? How do women with disabilities and their families experience covert and overt marginalization from the public lives due to their economic and social inferiority? Whether it is possible to re-cultivate a supportive environment for people with disabilities as well as other vulnerable groups in the village context? What strategies can be employed to prevent further exclusion to these vulnerable groups and compensate their inferior status in the context of rapid urbanization and modernization?

Chapter 4 Disabled Matching: the Process of Mate Selection

A rising stream flows to the river

A mature girl seeks parents-in-law

Fearing not matching-the-door

Fearing not good parents-in-law

Fearing marrying a man with disability

Fearing a man without filial piety

--- *Guizhou Folk Song*

Introduction

Contrary to the old saying that love is blind, sociologists propose that there is a considerable predictability in who will marry whom (Collins, 1988). This chapter describes the process how women with disabilities and their maiden families select prospective mates. It starts with an exploration of these women's motivations for marriages, which comprises identity transition, identity discontinuity and identity crisis. These motivations trigger a starting of the process of mate selection. It further consists of two sub-processes, filtering and weighing. The process of filtering screens out inappropriate mates whilst the process of weighing chooses the most appropriate one among these filtered mates. This chapter ends with an analysis of the nature of the mate-selecting process, which has been conceptualized as disabled matching. It represents the process of choosing a partner as well as the result of this matching process.

Motivations for Marriage

Identity Transition

Identity transition means that a girl transforms her identity from girlhood to womanhood through marriage which, in the words of the villagers, is to go from a *guniang* (a girl) to a *poniang* (a woman). No girl in the village expects to live with her parents for the whole life and there is no exception for a girl with disability[1]. Marriage is perceived as a necessity of entering womanhood and thus it is a sooner-or-later event rather than a choice. This is the underlying reasons why all the girls with disabilities in Bai Township can obtain opportunities to enter marriages and achieve their identity transition despite their disabilities. In this study, sexuality and fertility have been found to be the two pivotal factors that explain why girls with disabilities can obtain chances to shift their identity naturally just like marriages as well as their non-disabled counterparts.

Sexuality is a tacit explanation that cannot be spelled out explicitly because it is a sensitive topic in Bai Township. There is a distinct gendering difference between women with disabilities and their male counterparts: a female's sexuality overrides to her disability identity whilst a male's disability identity acts as an overwhelming identity superior to his gender identity. The ensuing excerpt from an informant's (the mother-in-law of a woman with intellectual disability) explanation why any girl with disability in

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[1] To emphasize the single status, a girl with disability is used in the chapter to differentiate a woman with disability.

Bai Township can get married whilst a man with disability cannot implies the importance of sexuality in women's marriage.

> "Men will always be greedy for a girl no matter whether she is disabled or not. However, if it is a man, he is not wanted, let alone the fact that he is disabled." (Case 14)

Apart from sexuality, fertility is the other essential factor which makes to these women's marriage possible. Rural society holds fertility in high regard because of various reasons, such as mode of preproduction, traditional fertility values (Liang & Yan, 1992) and pension methods (Li, 1993; Liang & Yan, 1992). Fertility is a taken-for-granted ability of women when they are chosen by mates' families. Lacking pre-marital gynecological examination due to limited medical resources in rural China, together with the absence of restriction on the compulsory pre-marital medical examination in the New Marriage Law, couples in Bai Township do not go voluntarily for medical examination before their marriages not least because of the cost. As such, the unknown status of fertility carries each girl with disability into marriage successfully.

Identity transition via marriage indicates that a woman behaves according to a different series of social norms. For instance, sexuality is a forbidden chatting topic for girls and an unmarried girl talking about sexuality will be regarded as a slut. In contrast, it is not taboo for married females and they are allowed to share their sexual life with other female villagers. The transition from girlhood to womanhood through marriage is an overt change, but there is also a covert transference that is specific to girls with disabilities. That is, caring responsibility transfers from their parents, especially mothers, to the family members in their married family. Although most women with disabilities in fact are able to take care of themselves and their family members after marriage, this caring transition is highly expected by their maiden families. Identity transition appears to be a natural process when girls with disabilities enter into the appropriate marital age, or when the right timing comes. However, sometimes the timing of the natural process will be disturbed by unavoidable or unanticipated issues, as will be discussed in the next section, which may prompt these women to get married as early as possible.

Identity Discontinuity

Identity discontinuity relates to the situation in which the legitimate identity of girls with disabilities—as daughters of their fathers— is no longer sustainable. An unmarried girl identifies herself through her father in a patriarchal society (Wolf, 1972). However, certain natural or human factors may result in the breaking off of the legitimate continuity of the identity. Firstly, losing legitimate identity due to fathers' death is a natural factor that causes identity discontinuity for girls with disabilities. In Bai Township, the father's passing-away can lead to the shattering of a home. Usually mothers will be arranged to live with married sons, and the situation of adult daughters with disabilities is difficult. If girls with disabilities have elder brothers who can take over the home, they can obtain temporary shelter in the name of elder brothers. Its temporariness is determined by custom in the village, the marital status of the elder brother and the degree of tolerance of the sister-in-law. Since it is only a short-term arrangement, seeking another long-term and stable shelter is thus essential. Marriage becomes an effective solution to resolve the problem of identity discontinuity for women with disabilities.

The second reason of identity discontinuity arises from the marginalized identity of girls with disabilities in their maiden families. It refers to the peripheral status of girls with disabilities in their maiden families due to discrimination, usually by their brothers-in-law or sisters-in-law. It often occurs in families whose power has been transferred from fathers to married male offspring, or to live-in sons-in-law. Unmarried girls with disabilities are perceived as a family burden, economically and socially. Brothers-in-law or sisters-in-law employ both positive and negative strategies to exclude girls with disabilities. The positive strategy means they play an active role in introducing potential mates to their sisters-in-law with disabilities via their personal networks, including men from their own villages, their relatives and friends regardless of appropriateness. To illustrate, one informant recounted how her brother-in-law introduced mates to her in haste:

> "He led several mates to me within one month, with some of them coming from other provinces, and some old enough to be my father." (Case 6)

Negative strategies include disgusted facial expressions, vicious verbal attacks and sometimes physical violence. The excerpt below from one informant can illustrate how harsh a situation informant can encounter before they make the decision to enter into marriage:

> "My sister-in-law chopped my box which I used for getting myself around to make a fire. I could not move and had to remain immobile at home. She shouted verbal abuse at me, such as "monk", "bitch" and so on. I really think that she used the most vicious words to attack me at that time and I could not suffer any more. That was the reason I got married." (Case 17)

Becoming a familial stigma is the third reason that leads to identity discontinuity of girls with disabilities in their maiden families. It generally occurs when these girls' younger brothers enter into the stage of mate selection. In Bai Township, the sibling structure is an influential factor which can extend or hasten the marriage of girls with disabilities. That is, those who are elder sisters are expected to get married as early as possible to relieve the family's economic burden on the one hand, and reduce the negative impact on younger male siblings' mate selection on the other. Disability identity as a spoiled identity affects these girls' younger brothers' mate selection because unmarried sisters with disabilities are perceived as a potential family burden that scares away potential mates. As a result, the conflict seems to increase gradually as the younger brothers' desire for marriage grows. Like discrimination from in-laws, negative facial and verbal expressions from their younger brothers are some common pains inflicted on sisters with disabilities. Sometimes, unbearable psychological suffering leads to physical violence. For instance, an informant who was forced to get married because of her younger brother's antagonism stated their increasing conflicts during the interview:

> "We had a good relationship during childhood. However, it changed when he began to look for a partner. He told many villagers that I disgraced him. He could not find a mate because of me. Later, we had worse conflict, from verbal to actual violence. We had serious fights. He threatened me with an axe, and I took revenge by throwing a knife at him. My parents witnessed our fighting sadly. But both the palm and opisthenar are from the same flesh. They could not take side. I was reluctant to get married. However, considering my parents, I decided to get myself married." (Case 5)

For girls with disabilities who encounter identity discontinuity in the maiden family, they choose to get married to protect their siblings' conjugal relationships or avoid embarrassing their parents. Marriages are the best way to re-harmonize family relationships if marginal status in the maiden families is beyond tolerance. One informant who was ostracized by her live-in brother-in-law compared his different attitudes before and after her marriage:

> "My brother-in-law disliked me so much when I was in my parents' home. He stared at me every day no matter what I was doing. After I got married and paid a visit to my parents, he changed his attitudes towards me and began to like me." (Case 7)

Identity Crisis

Identity crisis describes specific situations that endanger girls with disabilities, which may lead to a crisis in their physical or social being. Unlike experiencing confusion in terms of personality in Erickson's definition[1], identity crisis in this study represents an actual emergency threatening these girls' survival or their family reputation and thus requires immediate action. Certain identity crisis tends to threaten physical survival of girls with disabilities, such as the poverty of their maiden families. Almost all the families with members with disabilities suffer extreme poverty in Bai Township and thus basic needs for survival of family members sometimes cannot be met. Poverty of the family of origin determines how long girls with disabilities can stay with their parents. The poorer a family is, the shorter a girl with disability can live in her

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[1] Identity crisis was initiated in Erikson's book *Identity: Youth and Conflict (1968)*, which refers to "a state of confusion arising from an inability to reconcile conflicting aspects of one's personality" (Colman, 2009, p.363).

maiden family. This case is even worse in a stepfamily in the 1960s when the family members' value was evaluated by the economic contribution they could make to the family. One informant, immobile due to severe physical disability, explained how difficult it was to sustain her survival in the stepfamily.

> "I was put in front of the cow shed, lying on a piece of wooden board which was my bed. They (the stepfather and the step-grandmother) gave me a bowl of corn soup to keep me alive. My siblings could work and thus got rice to eat, but I could do nothing because of immobility. I felt extremely hungry and could not control myself from eating the wild fruits for the cows, which made me almost die from diarrhea." (Case 6)

In addition to physical survival, sexual abuse is reported as another form of identity crisis. The same informant above presented her experience of suffering sexual abuse from her stepfather during childhood. Lacking protection from the remarried mother due to her low status in the stepfamily, the informant tolerated it for several years before her marriage. Getting married was the only way to end sexual harassment from her stepfather. She provided the ensuing statement in terms of her marital motivation during an interview:

> "I felt so ashamed of mentioning this issue. I suffered sexual abuse from my stepfather for several years before my marriage. He threatened us to kill my mother if we (the informant and her sister) told her. It happened when my mother left home to visit relatives……we looked for a shelter from one relative, or hid ourselves in a cave covered by leaves……My mother had no status in his (the stepfather's) home and could not help us. I decided to get married to run away from that family, so did my younger sister. We got married in the same year." (Case 6)

Apart from the above factors, pre-marital pregnancy exposes women with disabilities to a crisis which requires an immediate shift from girlhood to womanhood before the pregnancy can be observed clearly by others. It is a shameful stigma and both personal and family reputations will be damaged as a result of a girl's pre-marital pregnancy. Remaining chaste is important for unmarried girls, especially girls with disabilities. Although villagers now adopt more tolerant attitudes towards co-habilitation and abortion, remaining chaste is still vital for girls with disabilities because taking on doubly stigmatized identities—losing virginity and being disabled—can lead to an overwhelming erosion of their reputation, which will make them less desirable spouses. Girls with disabilities usually keep alert about pre-marital sex. If the mates request sex, some girls with disabilities will refuse directly by breaking off relationships because disability is taken as a shortcoming which is easily taken advantage of by males. Alternatively, some girls with disabilities use more flexible strategy to resolve the pre-marital sex issue by shortening the interval between engagement and a wedding ceremony.[1] If pre-marital pregnancy occurs, the parents will prepare a prospective bride

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[1] According to a custom in the village, the formal marital process consists of at least two steps. The first step is to find a go-between who are familiar with both families and visit the maiden families of girls with disabilities with gifts and bride price. Gifts and bride price for engagement vary over time. In 1980s and the beginning of 1990s, gifts were usually several kilos of egg cakes and no charge of the bride price due to poverty. Date for marriage would be discussed during engagement meeting. The interval between engagement and the wedding ceremony is usually one year. The second step is thus a wedding feast through which a couple's marriage is confirmed by villagers.

price and marry the daughter as soon as possible to cover the fact and avoid a social stigma.

To summarize, no matter what motivation girls with disabilities have for marriage, positive or negative, personal or familial, social or economic, voluntary or involuntary, they are required to enter into a process of mate selection as soon as they reach the appropriate age. A handful of potential mates will be recommended for selection. As a result, they move forward into a stage of mate selection in order to look for the most appropriate mate as life partner, which is the focus of the next section.

The Process of Mate Selection

The process of mate selection in its nature is a balancing process of making a rational selection for the prospective mates. Multiple parties, including girls with disabilities, their parents, in-laws, relatives and/or go-betweens participate in this process. It further comprises two stages, filtering and weighing, which is demonstrated in Figure 4-1.

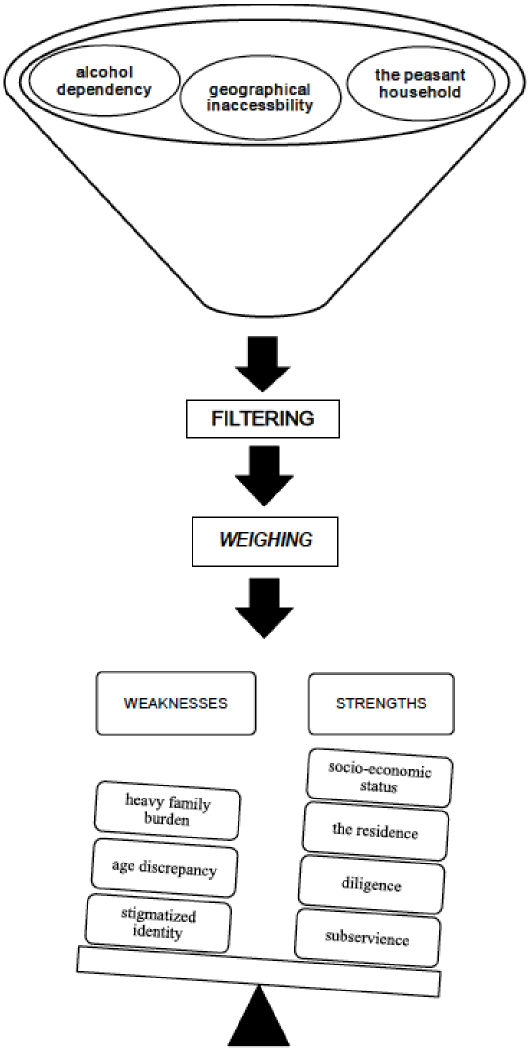

Figure 4-1 The process of mate selection

Filtering

Filtering is a process that girls with disabilities and their family members use to filter out inappropriate ones among a handful of potential mates based on certain exclusive criteria to ensure these girls' safety after marriage. The starting point of the filtering process of these women and their families is not a vast pool of eligible dating partners, but a handful of mates already filtered by go-betweens. The filtering criteria emphasize mates' inappropriate criteria rather than their appropriate ones. There are three such criteria in the filtering process.

The Peasant Household. The peasant household is the first excluding criterion. There are two types of households in rural China according to the present household system: the residential household and the peasant household.[1] The former is taken as superior to the latter in the perception of villagers. Traditionally, villagers with resident households had stable jobs called *tie fan wan* (a lifelong stable job) in the village such as government officers, staff of supply and marketing cooperative[2] and so forth. The differences still exist between these two types of household in contemporary rural China in terms of certain resource distribution. For example, the minimum living standard subsidy for the residents is fifty yuan (about US$ 7.9) more than the peasants per month in Bai Township. Therefore, girls with disabilities with a resident household usually do not consider males with a peasant household. To illustrate, one informant with psychiatric disability explained why she did not prefer mates with peasant household:

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[1] For further information about the household system in the People's Republic of China, please refers to http://zh.wikipedia.org/wiki/%E4%B8%AD%E5%8D%8E%E4%BA%BA%E6%B0%91%E5%85%B1%E5%92%8C%E5%9B%BD%E6%88%B7%E7%B1%8D%E5%88%B6%E5%BA%A6, retrieved on September 25, 2011.

[2] The supplying and marketing cooperatives were an economy organization belonging to the collective. It was founded simultaneously with the People's Republic of China. After market economy reform, these organizations do not exist and all the workers are laid off. For further information, please refer to http://baike.baidu.com/view/963054.htm, retrieved on May 6, 2010.

> “I never thought that I would get married to a peasant. You know, in the 1980s, after I graduated from a special school of finances and economics, I got a job position at the local office of finance with a salary of around RMB 900 (about US$143). Now my salary is over RMB 3,000 (about US$476.9). It is the income of a whole year for a peasant’s family. If I got married to a peasant, I would need to support him and even his family.” (Case 10)

Alcohol dependency. Alcohol dependency is another factor for screening out mates because it increases the possibility of domestic violence. It is assumed that women with disabilities lack self-protecting ability and thus finding out whether mates are heavy drinkers is imperative in the course of filtering. Since marrying men with alcohol dependency is perceived as the beginning of bitter lives, several strategies are utilized to test whether a mate is a heavy drinker during mate selection. Indirect inquiry is the first strategy usually employed by parents of girls with disabilities. That is, these girls’ parents inquire about mates’ drinking habits in private from the villagers in the mate’s village. Considering the relatively intimate relationships among villagers and sympathy for these families, villagers feel moral responsibility to provide the truth once being inquired irrespective of whether they choose to express it straightforwardly or tactfully. To ensure their daughters’ safety, most families choose to utilize a combination of indirect inquiry and direct testing. Direct testing means that the maiden families prepare a delicious meal with alcohol to welcome a mate on the first day of the meeting, so as to observe mates’ appetite of drinking and their performance if they do get drunk. For example, one informant explained that her family rejected a mate after witnessing his reaction after drinking:

> "He drank heavily. We could tell that he was addicted to drinking. My father and my uncle persuaded him to drink three bowls of alcohol. Then, he got drunk and began to shout verbal abuse, gesticulating with hands and feet. We disliked him and rejected him on that day. Several years ago, I met him in the tea house[1], being beastly drunken. I am so fortunate not to have chosen him as my husband." (Case 7)

Geographical inaccessibility. Geographical inaccessibility is the third exclusive criterion for filtering out inappropriate mates. Generally speaking, mates outside the province or from remote areas within the same province are perceived as inappropriate. Cross-province marriage appears to be full of uncertain factors, such as the unfamiliarity of a mate, unexpected dangers and unsure life status, and it seems that marital life is completely out of the control of women with disabilities if being married outside the province. Girls with disabilities usually worry that their maiden families cannot get any news from them after the marriage. To illustrate, one informant clarified why she refused to get married even though the bride price is remarkable.

> "They (a mate and his family) promised to put RMB 2,000 (about US$318) in my parents' bank account. Then they bought a train ticket for me and asked me to go to their village alone. I worried about it. It was like a deal. If anything happened, it was impossible for my parents to know and come to my aid." (Case 6)

Mates from remote areas within the same province are also not favored because of the inaccessibility. Girls with disabilities feel insecure about being married into areas which are inconvenient for their maiden families to get access to. This reflects the important

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[1] Listening to Sankou at tea houses is one of amusement for male villagers in the village. Singers consist of a woman and a man and most Sankou are about love and marital life. Sometimes sex trades take place in tea houses.

role of maiden families in providing immediate assistance with their married-out daughters with disabilities. For example, a mother of one informant with hearing and speech disability explained why she opposed her daughter's engagement:

> "My daughter loved that boy so much and wanted to get married with him. They knew each other when the boy was building a road in the village. I asked my sister-in-law to accompany my daughter to the boy's home. After their returning, I opposed their engagement because I was informed by my sister-in-law that that place was too remote, requiring different modes of transportation. If she was abused, who could help her?" (Case 12)

On the basis of the three exclusive criteria, the peasant household, drinking habits and geographical inaccessibility, a handful of potential mates who are not filtered out can enter the next stage. In contrast with their non-disabled counterparts, it is hard for women with disabilities to seek ideal mates who have better economic condition, higher social status and a smaller age discrepancy. Obviously, the potential mates who have passed the first test still have some shortcomings. What women with disabilities can do is to strike a balance between the mates' weaknesses and strengths. This balancing process is conceptualized as the process of weighing.

Weighing

Weighing denotes the process in which girls with disabilities balance the positive and negative aspects of the potential mates and select the most appropriate one whose strengths outweigh shortcomings. These two aspects of the mates are elaborated in detail in the following discussion. The mates' advantages favored by these families mainly comprise two elements: one is mates' personal attributes including subservience and diligence and the other is mates' familial attributes including residence and social and/or economic conditions.

Mates' Strengths. Some personal attributes of the potential mates are favored by women with disabilities and their families. Subservience is exactly the primary characteristic go-betweens recommends to girls with disabilities. It is not a personal trait preferred by a non-disabled woman in the village because it seems to destroy a mate's masculinity. However, subservience of mates is pivotal for girls with disabilities because subservient husbands are perceived as less discriminatory against wives with disabilities and less likely to conduct domestic violence. Thus women with disabilities can have more autonomy and freedom in the married families. Diligence is the other personal characteristic for mates to be selected because it is of importance to guarantee the survival of a family. Rural men are not necessarily required to have special skills because they can survive on their labor as long as they are hard-working enough. The significance of these two personal attributes can be illustrated by one informant who selected her husband during the "blind marriage"[1] era in 1970:

> "I heard from a matchmaker that there was a man in Chetian (the name of a neighboring village). What the matchmaker told me was that he was a subservient and hard working person. Finally, I decided to get married with him even though I had never seen him. When he came to my village with a tailor to make new clothes for me, I just ran back home immediately as soon as I heard of his coming." (Case 5)

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[1] It refers that young people were forbidden to see each other before marriage, or they would be unlucky after marriage.

Apart from personal attributes of the potential mates, their familial features are also exterminating factors. The first familial feature is residence, which further consists of geographical location, and the quality and quantity of the residence. Geographical location means girls with disabilities prefer mates whose residence are more developed than the location that their maiden families lie in. A place where there is a Sunday market is favored because it is convenient for shopping and easily accessible to members from the maiden families on *ganchangtian* (a day for the Sunday fair). One informant confessed that geographical location was the only consideration when choosing her husband.

> "The only reason I chose my husband, is because his home was on the street (a place where the Sunday market is located)." (Case 3)

There is an interesting, covert and subtle criterion acting as an adjusting criterion to geographical location. Namely, women with disabilities as well as their parents endeavor not to arrange for the siblings to live in the same village after their marriage. At first glance, this is an unreasonable statement because living in the same place is convenient for mutual assistance among siblings, especially for siblings with disabilities. Further exploration shows that in Bai Township, each sibling identifies with his/her nuclear family after marriage; living in the same village tends to cause conflicts due to the need to fight for resources or daily trifles[1]. With full awareness of the anticipated conflicts, girls with disabilities will try to distance themselves from siblings if possible.

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[1] In fact, some scholar has paid attention to conflict aspect among siblings in Chinese society, see, the work of Hwang and Han (2010).

One informant explained why she rejected a mate from the village where her sister was married to.

> "My sister introduced a mate to me. He lives in the same village as my sister's husband. I just told my sister, 'We will be more intimate if we live in different places.' Finally, I rejected her arrangement of meeting with that man." (Case 3)

Quality of the residence is another selection criterion. For instance, a brick house is preferred to a mud-and-straw hut. Indeed, it also reflects the economic status of mates' families and decides the life quality after marriage. While quality of the residence determines physical comfort, size of the house decides the psychological comfort of women with disabilities after marriage. It conveys the possibility of dividing up the home from in-laws after marriage. Fully aware that living with parents-in-law probably arouses conflicts in daily life, all the women with disabilities prefer to live independently except those whose husbands are eldest sons in the family who have no choice but to live with their parents because of a custom in the village according to which the eldest son should take care of the aging parents.

The second familial feature is social and/or economic status of the mates' families. Social class is a selecting criterion bearing a characteristic of the Maoist era. It applied to women with disabilities who got married before the cultural revolution. After the Communists assumed power in 1949, every family in China was given a class label. In the rural areas, the labels consisted of agricultural proletariat, poor peasant, medium-income peasant, rich peasant, and landlord (Xie, 2010). According to these labels, the poorer a man was, the higher the social and political status he held. Some agricultural proletarian and poor peasants were given houses belonging to landlords. Therefore, the social class classification helped some males born in poverty balance their vulnerable status in the marriage market. To illustrate, one informant who got married with her husband whose family was identified as poor peasants stated that the residence was one of her selection criteria.

> "His family had a good class status at that time. They were poor peasants. His family got a good house from a landlord." (Case 5)

Girls with disabilities also express willingness to be married to a family of higher economic status than their maiden families. This point can be best illustrated by women with disabilities getting married before the 1990s when the economy was still backward. They stated that the diet in the mates' villages was the main criterion that they considered. Since the majority of these women's maiden families took corn as the diet, they preferred to be married to the areas where rice was the diet. One informant's statement can help to clarify this criterion:

> "You know, in that era, every family ate corn. There was not enough rice. Only when a very important guest visited us my mother would put a handful of rice to mix with the corn. My husband's village could eat rice." (Case 7)

Mates' Weaknesses. The discussion so far has solely emphasized the positive aspects of mates and their families which are preferred by girls with disabilities and their families during the process of mate selection. However, the researcher does not wish to leave a biased image that these girls have superior status in the marriage market despite their disability identity. Conceivably, disability, as a spoiled identity, does have negative effects on this process. Girls with disabilities indeed have to tolerate some disadvantages in their mates which may be unbearable to their non-disabled counterparts as compensation for their disability identity. The first shortcoming of mates is their stigmatized identities such as prisoners or men also with disabilities. Tolerating mates' stigmatized identities is not only a compensation for these girls' disability identity, but also one strategy to equalize the anticipated inferiority of women with disabilities in the marital lives. Accepting mates with stigmatized identity lays a foundation for the equal status of a couple after their marriages. It contributes to releasing anxiety of girls with disabilities and their maiden families that these women's may suffer discrimination from their husbands. As such, some girls with disabilities will particularly seek mates among males with disabilities. To illustrate, one informant with two marital experiences with both husbands being men with physical disabilities provided the following statement to explain why she selected husbands with disabilities:

> "I never think that I want to get married to non-disabled men. My mother also persuaded me that if I found a man without disability, it would be the beginning of my miserable life. If both of us are disabled, neither can look down on the other. Now I just feel we are the same." (Case 8)

Age discrepancy is another inferior characteristic of mates accepted by the majority of girls with disabilities. In most societies, people tend to select a mate within the same age group and typically the man is a few years older than the woman (Benokraitis, 2008; Qian, Wang, Zhang & Zhu, 2003). It is similar in Bai Township where the ideal age discrepancy between couples is two years. However, the average age discrepancy between women with disabilities and their husbands in this study is 9.7 years, out of the normal scope of two years by a wide margin. Age disparity between these women and their husbands ranges from a maximum of twenty years to a minimum of two years. Although sex ratio is usually used as an explanation for age discrepancy in the course of mate selection, a careful examination shows that the sex ratio among the population of the whole province is 106:100 male to female and it is 99:100 in Bai Township. This statistics fails to explain the age-discrepancy phenomenon. In addition, population mobility through marriage becomes more complicated in recent years, with girls in the township marrying out and girls from other villages marrying in, together with the migrant workers who get acquainted with mates out of the province. Thus, it is difficult to simply attribute the reason of age discrepancy in the course of mate selection solely to sex ratio statistics. Instead, other explanations are needed and they will be presented in the ensuing discussion.

On the one hand, a pragmatic anticipation of potential mates developed by multiple parties (including girls with disabilities, their parents, siblings, relatives and go-betweens) tends to enroll men with big age discrepancy with girls with disabilities to enter the filtering process. People who introduce mates to girls with disabilities seldom anticipate that capable, good-looking and smart males without disabilities are willing to marry girls with disabilities. Therefore, mates recommended to girls with disabilities for the filtering process are usually men unmarried at their thirties or forties. For example, a go-between gave the mother of a girl with hearing and verbal disability the following advice:

> "Do not mind the age. It doesn't matter if the man is much older than her as long as he is subservient and treats your daughter well. Otherwise, you cannot find a man who will get married with her." (Case 19)

On the other hand, the prevailing marriage mode of hypergamy decides which mates are left in the marriage market for girls with disabilities to select. They are men from lower social status who cannot find partners at their appropriate age. Compared with pragmatic expectation that is a subjective and personal dimension of mate selection, hypergamy is an objective and structural dimension. It describes a tendency for "men and women to marry within their own social class, or failing that, into the stratum nearest to it (Collins, 1988, p.235)." Hypergamy gives rise to female marriage mobility. Girls in Bai Township are expected to marry up rather than down. Hypergamy becomes another item of competition in the village, with marrying up as "earning face" whilst marrying down as "losing face". As a result, following the mode of hypergamy, the potential mates available for girls with disabilities are vulnerable males not preferred by non-disabled girls. They consist of males incapable of finding wives at their appropriate age for marriage due to poverty, low ability and lower social status. For these men, young girls with disabilities are ideal mates if they want to get married. Supposing marriage is a market, the relationship between supply (pragmatic anticipation of girls with disabilities and their families) and demand (potential mates' ideal choice) determines who will marry whom, thus resulting in the age discrepancy between women with disabilities and their husbands.

The third disadvantage of mates which girls with disabilities and their families can accept is the heavy family burden of mates' families. These families usually have some members who need long-time care, such as aging parents, or unmarried siblings with disabilities. The willingness of girls with disabilities to accept this disadvantage of mates depends heavily on their sympathy for mates' situation and in turn, the mates' sympathy for these women's disabilities. This mutual sympathy paves the way for understanding between a couple, and more importantly, eliminates the possibility that these women will experience discrimination due to their disability identity. For example, a mother expressed her comfort of marrying her daughter with hearing and speech disability to a family in which the husband's elder brother had visual disability.

> "His (her son-in-law) family, all the family members like my daughter. They (parents of the son-in-law) also have a blind son and must know how to treat my daughter. We are the same families and we can put the other into my own position." (Case 12)

In short, the filtering process of mate selection excludes inappropriate mates and the weighing process then selects the most appropriate mates among filtered partners to guarantee life quality of women with disabilities. The nature of mate selection process is conceptualized as disabled matching, which is the focus of the rest of this chapter.

Disabled Matching

Disabled matching means that women with disabilities and their mates match each other in terms of their inferiorities as well as strengths. In addition to making a balance between mates' positive and negative aspects as shown in Figure 4-1, women's disability identity is also offset by their positive attributes. Apart from gender identity of girls with disabilities in terms of fertility and sexuality as discussed in the section of identity transition in this chapter, they may have other desirable traits to balance their disability identity and thus attract the mates. These traits consist of these girls' personal attributes and/or familial background. Personal attributes comprise physical appearance, intelligence, capability of doing domestic work and being good at handicraft such as knitting sweaters and making shoes. The background of these girls' maiden families, such as socio-economic status and land property, can also balance their disability identity. For instance, land is especially attractive for potential mates from impoverished families who are willing to accept *ruzhui* marriage[1].

Apart from personal and familial attributes of girls with disabilities, some concessions in prescribed by these girls' maiden families also play crucial roles for the balancing. It is a custom for the mate's family to pay the bride price during engagement, which ranges from RMB 10,000 to 20,000[2] (about US$ 1589.8 to US$ 3179.6). In contemporary Bai Township, the meaning of the bride price has shifted from labor compensation for the girls' families to a pivotally competitive factor in earning face. Thus, the increasing bride price has become an economic burden for poor families with unmarried males. Some maiden families of girls with disabilities therefore prescribe a series of favorable conditions such as reducing or canceling the bride price and forgoing the wedding ceremony. These advantages are highly desirable for mates whose families are in extreme poverty and successfully make a compensation for girls' disabilities.

Disabled matching is a process as well as a result. In the perception of villagers, women with disabilities match their husbands in terms of the inferior statuses of both sides. However, disabled matching, in its nature, provides a buffer for these women. There are three positive aspects such disabled matching process can yield. Anticipated risks against women with disabilities have been controlled to the minimum. Domestic

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[1] Ruzhui marriage is one form of marriage that men marry in the female's families and the social relationship centers on the females' families (Sheng, 1991).

[2] To keep consistence to the lucky number, the husbands' families can choose to pay 12,888, 16, 666, 16,888 or 18,888.

violence does not occur to most married women with disabilities in this study partially because of their husbands' subservient characteristic. In addition, disabled matching also adjusts a couple's status relatively equally which contributes to discrimination against wives' disability identity after marriage being reduced. The majority of informants in this study reported that they are seldom attacked due to their disabilities by the husbands in the course of quarrelling. This can be illustrated by the following statement of one informant.

> "Although my husband quarrels with me sometimes, he never hurts me in terms of my disability in our over-twenty-year marital life." (Case 2)

The last result of disabled matching is that it helps improve these women's confidence in the stability of their marriages. Fully aware of their husbands' difficulties in finding wives, women with disabilities feel superior in the spousal relationships. For instance, one informant with physical disability described her superiority over the husband as follows:

> "If I had no problem with my feet, my husband could not marry me. He dare not go against my will and must follow what I arrange for him to do (Case 7)."

This informant's description of her marriage is quoted to end this chapter:

> "What kind of person I am? (A woman with disability) What kind of person he is? (A man who is not smart and lives with poverty) We deserve each other." (Case 7)

Conclusion

This chapter examines the process of mate selection for girls with disabilities with the involvement of multiple parties. It goes through two sub-processes: the filtering process excludes inappropriate mates in terms of three criteria and the weighing process makes a final choice through keeping a balance between mates' strengths and weaknesses. The nature of the process is disabled matching, which indicates that these girls as well as their mates are marginalized in the marriage market. However, it is the marginalized realm that creates a space for women to compensate for their disability identity.

The primary aim of selecting mates is not to choose ideal mates but to ensure the safety of girls with disabilities and reduce potential discrimination arising from their disability identity to the minimum in the course of their marital lives. Therefore, the researcher argues that disabled matching is not just a reflection of the inferior social status of women with disabilities in the marriage market, but also an active choice made by these women and their maiden families to gain maximum benefit in their marital lives. When China Disabled People's Federation is criticized for not taking responsibility for marriages of people with disabilities (Kohrman, 2005), it deserves further exploration whether the federation can guarantee the minimum harm to its members in their marital lives, as well as what the maiden families of girls with disabilities do through the process of disabled matching.

Chapter 5 Being Daughters-in-law with Disabilities

Introduction

This chapter attempts to portray the most salient role of women with disabilities in the early years of their marriage, that it, the role as daughters-in-law. To fulfill the role expectation, these women choose to be subservient to their parents-in-law with various reasons and if they live together, their relation even more are complicated. On the one hand, they obtain support from the old generation; on the other, numerous conflicts occur in their daily interaction. As for the status of the women with disabilities in the family, fertility is identified as the most imperative factor impacting it. Four types of fertility are identified and explored in this study. Finally, this chapter provides an analysis of disability identity as a buffer for women when encountering conflicts with their mothers-in-law.

Being Subservient as Daughters-in-law

Conforming with Role Expectation

As the younger generation, daughters-in-law are expected to show respect to their parents-in-law in Bai Township. This is also a social norm in accordance with *xiaodao* (filial piety). Daughters-in-law who do not show their *xiaodao* to the old generation tend to be labeled as immoral or the result of poor parenting of the maiden families. Therefore, new daughters-in-law are usually obedient. Living with parents-in-law in the early years of marriage makes the role of daughters-in-law more salient. Conflicts between women with disabilities and their mothers-in-law caused by trifles are reported as the main concern in daily lives. In the course of conflicts, daughters-in-law with disabilities usually show their submission to the mothers-in-law. Although it is a common role expectation for all daughters-in-law, living up to it has another layer of meaning for women with disabilities. That is, satisfying the role standard can compensate for these women's disability identity.

Daughters-in-law with disabilities manage relationships with their mothers-in-law cautiously. Avoiding conflicts and adopting a tolerant attitude are two strategies mainly employed by these women. To eschew unnecessary conflicts, women with disabilities make great endeavor to perform appropriately in the public as well as in the private domain. In the public, they conform to social norms in terms of being virtuous women and avoiding destroying the fame of husbands' families. In the domestic domain, they help mothers-in-law with a range of household chores and eschew being criticized for poor role performance. For example, one informant with physical disability recounted how she avoided conflicts with her mother-in-law by acting properly.

> "My mother-in-law was a mean person. She always made oblique accusations. When we lived with her, I made a great effort to do everything well and left nothing for her to find fault with." (Case 2)

Even though sometimes mothers-in-law are unreasonable, women with disabilities prefer tolerating to arousing direct disputes. For instance, an informant with physical disability described how she was dissatisfied with her mother-in-law but she still needed to control herself:

> "My mother-in-law preferred her youngest son because his family had male offspring. Although she lived with us, she frequently took food from my family for her youngest

> son's. I saw her several times hiding a bowl of oil under the apron before visiting her youngest son. When my husband went back home and found little oil left in a jot, I was questioned about it. What could I say? I knew that I could not criticize his mother. I just kept silent and pretended to know nothing." (Case 1)

Lacking Support from the Husbands

In addition to satisfying role expectations and thus compensating for their disability identity, daughters-in-law with disabilities choosing to be obedient can also be partially attributed to the lack of support from their husbands. Role expectations exert influences on married women as well as men. Sons are required to show their filial piety to mothers and those who take side with their wives appear to be immoral; their masculinity will also be destroyed as they will be teased as henpecked husbands. Therefore, it seems impossible for husbands to support their wives in the course of conflicts. As such, women with disabilities choose to be tolerant and eschew extending the conflicts with mothers-in-law to conjugal arguments. For instance, one informant who bore baby girls stated her husband's ambiguous attitudes when she was discriminated against by her mother-in-law:

> "I lived a difficult life after delivering the second daughter with dwarfism. My mother-in-law always instigated my husband to quarrel with me. If I got involved in conflicts with my mother-in-law, my husband always remained silent. Later, I insisted on separating from his parents and we lived in different sides of a house." (Case 4)

The common view of men regarding their mothers and wives in Bai Township probably can be reflected by the following statement of one informant:

> "I never expect my husband to take side with me when I quarrel with his mother. He says that there is only one mother in the world. However, he can have another wife after he divorces. " (Case 8)

Being Vulnerable as a New Family Member

Another reason for the subservient status of women with disabilities as daughters-in-law arises from their vulnerable status as new member of the husbands' families. If they live with the mother-in-law together, the family resources are mainly in the hands of mothers-in-law, which directly leads to the fragile status of daughters-in-law. One informant provided an example to demonstrate the difficult situation she encountered in the early years when staying with her mother-in-law:

> "The main food was the corn and we seldom ate rice. My mother-in-law controlled our ration of rice after each harvest season and locked it in the cupboard. If I asked her for some rice, she refused me by claiming that I could not boil rice appropriately because I was too short[1] to get access to a stove. It was only an excuse. She did not want to give rice to me." (Case 4)

Women's vulnerable status can also result from their fertility status. In the early years of their marriage, especially the first year, women with disabilities cannot strengthen their status through fertility. Even though they have given birth to offspring in later years, they may still be vulnerable if their infants suffer accidental death. These women are usually accused of being responsible for their children's death, particularly when the infants are male offspring, and thus they probably suffer domestic violence. To illustrate,

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[1] The informant is a woman with hereditary dwarfism.

one woman with psychiatric disability recounted the experience of being abused due to the first son's death in her ex-husband's family:

> "My first son died three months after delivery. He (her ex-husband) beat me more seriously after that. His parents and sisters disliked me because I was disabled. They instigated him to beat me and he did. Once, I was beaten seriously and could not walk."
> (Case 9)

The Relationships with Parents-in-law

Showing subservience mirrors only one aspect of the relationships between women with disabilities and their parents-in-law. In fact, it is a dynamic process that is determined by a variety of factors, one of which is types of household. That is, women's relationships with their parents-in-law partially depend on whether they live together and the length of the shared residence. Two types of household are found in this study, that is, joint household and independent household.

Joint Household and Mutual Tolerance

Joint household means that new couples share the same household with their parents-in-law after their marriages. It can be further divided into two types, permanent joint household and temporary joint household. In the first type, the new couple lives with parents-in-law and takes care of them until their death. This used to be the case but is now very rare in contemporary Bai Township. The feasibility of permanent joint household depends heavily on husbands' sibling rank and sometimes the caring ability of wives with disabilities. If the husband is the oldest son, he should take responsibility for caring for the aging parents. However, if the wife's disability has influence on the couple’s caring ability, the family may be free from the responsibility of caring for aging parents regardless of the sibling rank of the husband. To illustrate, one husband of a woman with hearing and speech disability explained his exemption from the responsibility of caring for his paralyzed mother:

> “My mother was paralyzed in bed before her death and had fecal incontinence. I could not persuade her to take care of my mother. She was disgusted by the dirty feces and tried not to enter my mother’s room. It was so difficult to explain to her and persuade her because of her disability. She is deaf and dumb. Later, my younger brother took my mother away because he did not think we can take good care of her.” (Case 15)

Women with disabilities who belong to the type of permanent joint household report the most serious conflicts with their mothers-in-law in the daily life. It seems that their contradictions accumulate gradually through daily interactions and finally become irreconcilable. In some extreme case, physical violence occurs in a certain family where a mother-in-law is abused by her daughter-in-law with hearing and speech disability. This result appears to destroy the possibility for the informant to compensate her disability identity by performing as a good daughter-in-law. Failing to perform this role highlights her disability identity. The mother-in-law expressed her regret for arranging the marriage after being abused by her daughter-in-law:

> “If I had known she was such kind of woman (who dare abuse the mother-in-law), I would have not arranged the marriage.” (Case 11)

The second type, temporary joint household, means new couples live with parents-in-law in the beginning years of marriage until other male siblings are ready for marriage and initiate dividing the household. The length of living temporarily with parents-in-law is determined by the marriage of another male sibling. In Bai Township, household division usually coincides with the marriage of the second male sibling because family relationships are too complicated to handle with several families from two or three generations living under the same roof.

By contrast, women belonging to temporary joint household are more tolerant. Household division is assumed as a sooner-or-later issue and therefore these women do not want to arouse unnecessary conflicts. They tend to show respect, subservience and tolerance to their mothers-in-law by cautiously avoiding conflicts. To eschew unnecessary arguments with their mothers-in-law, women with disabilities make great effort to perform appropriately in the family.

Conflicts are only one side of the relationships. Living together with parents-in-law also embodies strengths. The positive aspect of living with parents-in-law is that women with disabilities can obtain the support of parents-in-law, such as childrearing and domestic chores. In this vein, women experiencing inconvenience caused by their disabilities can obtain compensations with the assistance of their living-together parents-in-law. One informant described how she gained daily assistance from her parents-in-law:

> “My mother-in-law helped me a lot when we lived together. Two children were delivered with her help and we did not employ a midwife. My mother-in-law was capable. She took care of me when I was in the first month after giving birth to my children. My father-in-law also helped us to pasture cattle and chop woods.” (Case 9)

Independent Household and Split Hearts

Independent household refers to couples setting up their own families. It can take place simultaneously with their marriages or occur several years after temporary joint household with the parents-in-law. In the first case, dividing household coincides with or happens before marriage. Parents usually distribute family property in terms of caring responsibility to each son before their marriages. There is a popular saying in Bai Township, “dividing households, split hearts”, which mirrors a distinct family identity after the male offspring’s separation from the parents’ (in-law) household[1]. After splitting up, each household makes great endeavors to protect its interest regardless of kinships. It is households rather than kinships that determine intimacy and the amount of mutual assistance among family members.

The possibility of families of women with disabilities able to obtain support from their parents-in-law depends on whether they belong to the same household. It is difficult for those families to get assistance from their parents-in-law if they are divided into different households. Dividing households yields a clear-cut family identity on the basis of each household. Unlike their counterparts in joint household who acquire assistance from their parents-in-law in the daily lives, women living in independent household appear to encounter more barriers in everyday life. For instance, one husband of a woman with hearing and speech disability described their hard life after household division.

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[1] For women with disabilities belong to *ruzhui* marriages, they are separated from the household of women’s parents, rather than parents-in-law’.

> "My brother is responsible for my parents. So he got all the family property. My parents live with him and give help to his family. My family got nothing when dividing the household. My wife and I take care of children without getting any help from my parents. She cannot hear or speak. When my children were young, they could not understand their mother. But nobody helped us." (Case 16)

Generally speaking, the families of women with disabilities are not expected to take responsibility for aging parents considering their caring capacity. This implies less possibility for these families to benefit from parents' property with which to build their own household. Economic factor seems to play a vital role in the process of household division when poverty troubles these families. Numerous conflicts among family members arise due to property inheritance, money distribution and other economic calculations. One informant described a mother-daughter relationship[1] in her family as a bare monetary relationship:

> "Money prefers a warm place. It is better to keep it in your own pocket. Even a mother and a daughter can turn hostile when involved in money issues." (Case 4)

This analogy is not exaggerated. One extreme example occurring to an informant illustrates these indifferent kinships after the household division.

> "The Department of Civil Affairs distributed piglets for poor families to feed. My family got twenty seven piglets because both of us are disabled. The Department of Civil Affairs sold piglets to us at the price of four yuan (about US$ 0.6) per kilo. It was difficult to make the piglets fat. When it was time for selling, one piglet was around ninety kilo and the Department of Civil Affairs bought them back at five yuan (about

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[1] The informant and her daughter both are hereditary dwarfism.

> US$ 0.8) per kilo. They said they didn't know how to count the price of feedstuffs. My father-in-law lent money to us for buying piglets but we could not return because my family lost six thousand and eight hundred yuan (about US$ 1,081) finally. He suspected that we were reluctant to give money back. We have divided up the home from them (parents-in-law). My parents-in-law treat his brother much better than us because they belong to the same household. My ex-husband and his father had serious conflict because of money. I heard from my mother-in-law that my father-in-law was extremely angry and threatened to kill my ex-husband. Nobody expected that he would really kill his own son. It was a blackout on a moonlight night, my family members went out fishing. My ex-husband went back home because he could walk more quickly than me. When I arrived home, he had been killed by his father with a long knife, lying on the yard and bleeding. He was already dead. Not calling ambulance, not calling policemen, I dragged his body, with the assistance of my brother-in-law. We carried his body on a ladder into the central room. He was dead. How could I leave him outside the home?" His father gave himself up to the police station but nobody was there. He smoked for the whole night and was put in prison the next morning. I did not cry, but I felt angry, 'why did he kill his own son?'" (Case 8)

It is hard to conclude that the unsympathetic kinships are the result of modernization and urbanization. However, at least, it can mirror the fact that each family strives for its own interest after household division. Even for those families with disabled husbands, the couples' disabilities are not the primary factor determines supports they can obtain from their parents-in-law. That is, whether married men with disabilities can obtain supports from their parents tend to depend on the types of household.

Balancing Family Status with Fertility

In addition to types of household as an influential factor on the relationships between women with disabilities and their mothers-in-law, fertility is a determinative aspect impacting on the family status of these women as well as their relationships with mothers-in-law. The reproduction of women with disabilities in this study can be classified into four types based on the quantity, gender and health status of the children: successful fertility, sonless fertility, inherited fertility and childlessness.

Successful Fertility

Successful fertility represents a reproductive protocol whereby women with disabilities give birth to at least one non-disabled male offspring. This can be further divided into two types: the ideal type and less than ideal fertility. Having both male and female offspring is treated as an ideal type of fertility, with the number children varying according to the population policy at that time. Before the 1990s, the ideal type of fertility was called “cowpea fetus”, meaning at least two boys and two daughters. Cowpea fetus addresses both the number and sex of children. With the strict implementation of the one-child policy nowadays, the ideal type of fertility have changed to “flower fetus”, meaning that the offspring consists of one boy and one girl. In successful fertility, the son is expected to take responsibility for carrying on the family line, helping with the labor in the field and guaranteeing parents’ old age. As for the daughter, she is anticipated to assist with the domestic works and is emotionally intimate with the mother. Women in Bai Township belonging to the ideal type are regarded as families having '*fuqi*' (fortune) and thus this type of fertility are desired by almost all families.

The other type of successful fertility is termed less than ideal fertility, which means women with disabilities deliver only male offspring. The term "flawed" signifies a psychological loss for these women because daughters are assumed to provide pragmatic assistance and affective compensation for mothers with disabilities. Nevertheless less than ideal fertility does not weaken the social meaning of fertility. Given the same number of children, more sons can help to construct a family's *shili* (power) in Bai Township. This strength becomes distinct when a family gets involved in conflict with other villagers. This can be demonstrated in the excerpt of an informant's report on family conflict with other villagers due to land dispute:

> "She sent her son and other relatives to bind my son. I was not afraid of her. I have two sons. My family just needs to sacrifice one son to kill hers. She will become sonless but I still have one left." (Case 5)

It can be concluded that the number of male family members lays the foundation for a family's status in the village. In this sense, although less than ideal fertility is described by women with disabilities as a psychological loss, essentially, it plays the role of reinforcing the social status of their families in the village environment.

Successful fertility conveys two layers of meaning: women with disabilities carry on the patriarchal line successfully and thus consolidate the husband's family's status in the village; simultaneously, these women's status in the husbands' families is stabilized and strengthened. It contributes to minimizing the negative aspects of the women's disability identity as long as it satisfies a prerequisite that at least one male offspring should be non-disabled. The relationships between the mother-in-law and the daughter-in-law change to a subtly mutual tolerance and usually no serious conflict will occur. In this way, disability identity is sheltered by successful fertility.

Sonless fertility

Sonless fertility refers to a reproductive type whereby women with disabilities give birth to a daughter. This leads to a spoiled identity because this type of fertility interrupts the husbands' family lines. Not only women with disabilities of themselves, but also the husbands' families will feel shamed and disgraced in the village. Like their non-disabled counterparts who have sonless fertility, women with disabilities will suffer discrimination due to the failure to carry on the husbands' family lines in the private as well as the public sphere.

In the domestic domain, some women with disabilities suffer direct verbal abuse from mothers-in-law. For instance, one informant recounted her experience of being blamed by the mother-in-law after delivering the second daughter:

> "My mother-in-law scolded me, 'the door-god will smile for three days if you deliver a son but cry for three days if a daughter.'" (Case 4)

In the public sphere, sonless fertility is an overwhelmingly determinative factor in destroying the husbands' family reputation and its social status. If a family without male offspring encounters conflicts with other villagers, it will suffer the most vicious verbal attacks, such as ‘sonless’ and ‘Five Guarantees’[1], which makes women with disabilities and their families feel shamed and humiliated. Although all women with sonless fertility encounter the same situation in Bai Township, women with disabilities have to take on two stigmatized identities: disability identity and sonless fertility. The doubly stigmatized identities worsen their status in the husbands’ families and their relationships with their mothers-in-law tend to deteriorate. Women with disabilities usually encounter serious conflicts with mothers-in-law or husbands with the disguise of daily trifles.

Joint and temporarily joint household intensify these conflicts. As a result, women with disabilities with sonless fertility begin to live an extremely cautious life in the domestic domain. To solve this problem of frequent conflicts, dividing-up the home is the most effective and immediate solution to change the worst situation. Numerous face-to-face conflicts can be avoided after separating from the parents-in-law. Simultaneously, the husband’s awkward situation discussed earlier could be eschewed after dividing up the home, which was good for the spousal relationships and the improvement of these women’s family status. If the couple’s conflict is extremely serious, divorce is the other strategy to solve the problem caused by sonless fertility. However, this is the last resort because it leads to triple stigmatized identities: sonless fertility, disability identity and being divorced. These combinations destroy the self-

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[1] According to Five-Guarantees Subsistence Program in the Rural Areas of China, Five Guarantee refers to providing livelihood support and material aid to the villagers conforming to the support criteria in terms of food, clothing, housing, medical care, and burial expenses. Data retrieved from the Central People’s Government of the People’s Republic of China, http://www.gov.cn/gongbao/content/2006/content_219932.htm, on March 2, 2012.

image of women with disabilities overwhelmingly and result in their inferior social status. One woman presented her negative self-image in comparison with her classmates during an interview:

> "If you see me happy in front of others, it is not true. When I go back home and stay alone, I feel pain in my heart. Comparing with my classmates who have jobs, cars, flats and capable husbands who can make money, I feel that I live a failed life: getting married twice, divorced twice and being hurt seriously at the second time (being betrayed by her husband). This pain is really unspeakable." (Case 19)

Similarly, another woman recounted her humiliating experience of divorce in the 1980s as:

> "You know, divorce was a rare event for villagers in the 1980s. Almost all the villagers came to watch my divorce case and laughed at the court. When I stepped out of the courthouse and passed by my ex-in-law's house, my sister-in-law threw all facilities for repairing shoes on the road and shouted at me, 'You are never the family member of Long (her husband's family name).' I felt so ashamed and walked with my head down."
> (Case 6)

Therefore, women with disabilities figure out solutions in response to their sonless fertility. One way of compensating for sonless fertility is to adopt a son. However, not too many families in Bai Township accept this because essentially it cannot solve the stigmatized identity arising from sonless fertility. The adopted son has no blood relation with the husband's family, and thus he cannot be treated as a real 'insider'. Some families who employ the strategy encounter extra difficulties. They make great endeavors to cover the fact of adoption, which appears to be completely futile in the context of the transparent village environment. The adopted son will become a target of attack when conflicts happen. Thus, another alternative strategy, arranging *ruzhui* marriage is preferred by the majority of families with sonless fertility, though it requires over a decade of endurance until a daughter is of marital age. The live-in son-in-law plays the role of a son: helps the family with building the house, does the labor in the field and bears male offspring who takes the wife's family name. In this way, the inferior status of women with disabilities due to sonless fertility is belatedly compensated through the next generation's successful fertility. To illustrate, one informant with physical disability said:

> "I value the two grandsons so much. There is no son in the family for one generation and we were looked down by others in the village. After my daughter bore two sons, we can hold our heads up." (Case 4)

In addition to using above strategies to avoid potential conflicts and pass on the husband's family line, if possible, women with disabilities also employ some strategies to protect their psychological well-being, e.g. externalizing attribution and superstition explanation. The former means women with disabilities attribute sonless fertility to objective reasons which may be irrelevant to their reproduction. Externalizing attribution, in its nature, is a self defense strategy. To illustrate, one informant defended for herself that it was not her fault:

> "They (the husband's family) were disgusted at me because I delivered a baby girl. In fact, later I gave birth to a baby boy. He did not survive because of my husband's family. They were too mean to send me to the hospital and found a mid-wife. She put her hand in my vagina to touch the baby's head and could not find it. When he was delivered, there were several sunken places in the skull. It was dead. I was sent to the hospital

> because of hemorrhage and my urethra was completely destroyed by the mid-wife's scratching." (Case 1)

Other women with disabilities seek superstition explanations, the most popular of which constructed by women in Bai Township is: there is no male offspring buried in the tombs of the husbands' ancestors. This is a pragmatic strategy which provides an explanation as well as a solution. That is, the reason of sonless fertility is predetermined and embodied in the husbands' family line, which is irrelevant to women's reproduction. This subtle explanation indeed protects women with disabilities. It also represents women's resistance against being labeled as victims of sonless fertility.

Inherited Fertility

Inherited fertility refers to the reproductive type whereby women with disabilities give birth to children with inherited disabilities.[1] It can be either expected or unexpected. There are mainly three reasons why women with disabilities make the decision to deliver children despite anticipating the possibility of inherited disability. First, fertility is the predominate element of marriage. As one informant with inherited dwarfism described:

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[1] In this study, inherited fertility is a subjective judgment according to the syndromes or appearance between mothers and the children, rather than the result of medical examination. Families with inherited fertility seldom seek for medical evolution due to poverty.

> "An officer of the population planning told me that I could not get certification of birth permission[1] because of possible inherited disability. I got angry and challenged her, 'if I cannot give birth to a baby, why did I get married?'……" (Case 6)

The second reason is some women with disabilities, even if they can foresee that the baby will probably be disabled, still decide to deliver it because of maternal instinct. To illustrate, an informant who has two children with inherited disability explained why she did not abort the second daughter:

> "I got pregnant again and I knew there is a fifty percent chance for the baby to be a dwarf. But I always remember the last abortion. When the baby boy was falling down on the ground from my body, I could recognize his tiny legs and hands. Then I decided to deliver my second daughter no matter what the result would be. " (Case 6)

Last but not least, from such women's life experience of observing generational inheritance, they have somehow expected the possibility of inherited disability. They adopt a take it for granted approach and expect better luck next time.

Inherited fertility is not an independent reproductive type. It combines with successful and sonless fertility to yield more complicated types of fertility. The most remarkable type within inherited disability is inherited sonless fertility which means delivering female offspring with disabilities. Interestingly, unlike women with sonless fertility who have a hard time in the village because they cannot meet societal and

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[1] It is necessary documents before delivering a baby in mainland China which has been changed the name as certification for family planning service with the purpose of memoing for providing contraceptive device for women. A child delivered without this certification will have problems in household registration and attending the school. Data retrieved from http://baike.baidu.com/view/116285.htm#1, on September 26, 2011.

cultural expectations, women with inherited sonless fertility obtain more support and sympathy from villagers.

The underlying reasons are probably rooted in social competition and morality in the transparent village environment. Inherited sonless fertility represents a complete failure in terms of the most crucial competitive facet of life in rural China—reproduction. Given that social competition in the village is generational, inherited sonless fertility represents a failure in the present as well as the next generation. Such failure indeed excludes women with disabilities from competition in the village, which means their families are not rivals of others.

Moreover, with the strong belief that accumulating virtues can bring peace to the family whereas immoral behaviors, such as offending women with disabilities and inherited sonless fertility, can cause punishments, villagers tend to give this special group becomes improved treatment. In other words, being marginalized from competition in the village, families of women with disabilities who belong to the inherited sonless fertility type obtain a subtle protection against discrimination. Having the most inferior social status is indeed a protection against discrimination.

Childlessness [1]

Unlike their counterparts in the urban areas, childless couples[1] in rural areas seldom seek formal medical treatment due to poverty. The traditional ways to cure

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[1] Riessman’s (2000) identification of infertility as a medicalized condition and childlessness as a social state provides an insightful perspective for the title of this section.

infertility in the village include inviting a geomancer to "have a look at home", or finding some herbs to cure an "infertile wife". The first solution leaves the cause of infertility to the geomancer's explanation, which may be either relevant or irrelevant to the wife. To illustrate, one informant provided the ensuing description of the indigenous treatment:

> "I invited a geomancer to my house. Circling around it, he said it was because I always beat snakes in the field. He asked me to stop driving all the reptiles to accumulate virtues. I followed his suggestion and after one year, I really got pregnant."(Case 17)

The second solution—treatment with herbs—takes the wife as the infertile partners rather than the husband. Although infertility is due about equally to problems in males and females (Benokraitis, 2008), it is a taken-for-granted ideology in Bai Township that once infertility happens, it is because wives are "incapable of reproduction". As such, women become the subjects of receiving herb treatment. Borrowing from Gramsci's (1971) concept of ideological hegemony, the internalized "her infertility" rather than "his infertility" is the result of a social process of female subjugation under patriarchal society. "Her infertility" indeed protects the husbands against being considered as having a defect in his masculinity (Benokraitis, 2008), at the expense of the women's interest.

Childlessness has several negative influences on women with disabilities. First, childless women with disabilities are constructed as genderless. As mentioned on

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[1] In the present study, childless couples consist of infertile couples and women with disabilities who give birth to children with their ex-husbands but no children with their present husbands.

several occasions earlier, among all the compensative traits for women with disabilities, the most decisive one is fertility. No matter what the result of fertility is, successful, sonless and/or inherited, at least it proves the women's gender identity as a female. However, infertility totally destroys femininity. That is, why an infertile woman with disability is treated as genderless. They are perceived by villagers as "having nothing". Childless women with disabilities are discriminated against by both non-disabled women and their counterparts with disabilities. They are chosen by other fertile women with disabilities as a reference group to strengthen positive self-image. To illustrate, one informant with physical disability talked about another childless woman with disability in the village:

> "She cannot deliver a child. She is nothing." (Case 2)

Childless women with disabilities living with their mothers-in-law tend to live hard lives because their infertile status arouses the mothers-in-law's anger. It means that the marriage is nothing but taking on an extra burden. Infertility makes the couple lose the basic security for old age. The mothers-in-law take negative attitudes towards the childless daughter-in-law; they are full of anger, disappointment and worries. To illustrate, a mother-in-law who has a childless daughter-in-law with intellectual disability complained:

> "Who knows she is not fertile. If I had known that she could not give birth to a baby, I would never have arranged the marriage for my son. She means nothing for my family. How can they survive without a child in the village?" (Case 14)

Another negative effect of childlessness is that it tends to result in instability of these women's marriages. Children are regarded as providing physical, emotional and social connection for the couples. The majority of informants said they seldom consider divorce as a life choice because of children. In this vein, children play an important role in consolidating women's marriages. Conversely, the marriage of childless women with disabilities encounters crises. For instance, one female with physical disability abandoned by her husband rationalized his betrayal as follows:

> "I did not have a child with him. His leaving for other woman is reasonable. If we had a child, such kind of thing would not happen." (Case 19)

Although childless women with disabilities are perceived as genderless and worthless and suffer discrimination from the mothers-in-law, not all of them internalize the mainstream perception passively. Rather, they find solutions to rationalize their childlessness to sustain psychological well-being. Social comparison is the primary strategy some women usually use to comfort themselves in the light of the childless situation. Comparing themselves with the parents raising children who show no filial piety, the childless couple feels superior to them because they need not be "tortured" by such kind of children. As one informant said:

> "My second sister has three sons and a daughter. Each child dare scold her, even the married-out daughter. If I nurtured such kind of children, I would find it meaningless. It is better to be like our situation, having no children." (Case 7)

Selecting families incapable of getting reward by raising misbehaving children as the reference group equalizes the status of childless couple and their families. To illustrate, one informant stated:

> "My nephew fell in love with a girl and they prepared to engage. On the day of engagement, the girl sent a message to her ex-boyfriend and told him that she was going to get married. The boy went back from Zhejiang province and invited the girl and my nephew for dinner to celebrate their engagement. They drank in the restaurant and within ten minutes, these three young people died because the boy had poisoned in the wine. The two boys are the only male offspring of both families. What do you think of raising such kind of children? You cannot get any reward. But you will feel heart-broken for him." (Case 8)

Apart from social comparison, imaginatory low-skilled parenting is another way to keep emotional balance. By constructing both partners as having poor parenting skills, childless women with disabilities hypothesize that even if they were fertile, the couples would not nurture and discipline their children due to their disabilities and their husbands' subservience. In this way, the childless women with disabilities construct a present situation that is more tolerable. To illustrate, one informant conjectured her situation with children as follows:

> "I think we'd better not have a child. If we really have one, you see, I am disabled and my husband is extremely simple minded, how can we rear a child? I don't think we can discipline him." (Case 7)

The final strategy is redefining the function of fertility. This refers to the strategy whereby those childless couple limits the only function of children to providing economic guarantees in their old age but ignores the emotional satisfactions of raising children. As long as they can find substitute guarantee, having children is not a matter of urgency. Rather, childless couples perceive that many unnecessary troubles in daily life resulting from raising children can be avoided. As one childless woman stated in the interview:

> "It does not matter whether we have a child. We can live a happy life without a child. The minimum living subsidy is 'our son'." (Case 14)

Disability Identity as a Buffer

As daughters-in-law, women with disabilities should behave subserviently to live up to role expectations. Ironically, disability identity plays a subtle role in protecting these women if their conflicts with their mothers-in-law intensify. Women can obtain internal support from male family members as well as external assistance from villagers.

Internal Support from Male Family Members

In the domestic domain, it is interesting that women with disabilities reported that they obtained support from male in-laws due to their inferiority arising from disability identity. When conflicts take place, male in-laws, including fathers-in-law and unmarried brothers-in-law, tend to take side with women with disabilities and discipline the mothers-in-law. To illustrate, one informant presented the ensuing description of relationships with in-laws in the course of conflicts:

> "My mother-in-law is a person difficult to handle. But every time when I had conflict with her, my father-in-law and brother-in-law always took my side and criticized her because I was disabled." (Case 2)

The underlying reason probably can be attributed to male in-laws' effort to protect family reputation and worry about being labeled by other villagers as bullying women with disabilities. In addition, males-in-law are probably better mediators to resolve family conflicts than these women's husbands. Indeed, the gender difference in the course of interaction between women with disabilities and their in-laws cannot be denied. It is usually their incongruence with the mothers-in-law that leads to conflicts. As for the fathers-in-law, most women claimed to have a good relation with them. For instance, an informant described the harmonious relationship with her father-in-law.

> "My mother-in-law died several years before my marriage. My father-in-law lived with us for many years until his death. He liked me so much. We had good relationship." (Case 7)

External Support from Villagers

Villagers usually show more sympathy to daughters-in-law due to their disability identity when they get involved in arguments with their mothers-in-law. Given that family conflicts are exposed to the public, villagers appear to take side with women with disabilities and criticize their mothers-in-law. As such, being afraid of taking on a stigma as "bullying disabled persons", mothers-in-law are usually tolerant when conflicts are exposed to the public. To illustrate, one informant who got into serious conflict with her mother-in-law described how she obtained support from villagers as well as male in-laws.

> "My mother-in-law kept shouting from the fence. Several villagers passed by. I told them what happened and bent down in front of my mother-in-law, asking what on earth she wanted to do to us. Villagers criticized her, 'She is a cripple and walking is not easy

> for her. You sold the pig but made her keep searching the whole day. What you have done is not right.' Then they persuaded me to prepare food for my daughter…...other in-laws also came to blame her the next day." (Case 1)

Villagers' assistance for women with disabilities plays a vital role in disciplining the behavior of mothers-in-law. Sometimes this assistance goes to such an extreme that even though mothers-in-law are on the receiving end of the aggression, villagers are still on the side of the women with disabilities. As a result, mothers-in-law usually choose to be tolerant. An old woman who was abused by her daughter-in-law with hearing and speech disability for almost six years explained why she tolerated the violence.

> "She has beaten me three times. Last month, she threw a stone at my head and made it bleed. If my grandson did not call 110, I would probably have been beaten to death. Every morning she comes to my door and makes offensive gestures. Sometimes she uses a ladle to sprinkle water in my room. I really cannot offend her. Fighting! Everyone knows how to fight. I never fight back because of my son, because of her disability! I do not want others to gossip about how our family bullies a disabled person." (Case 11)

Conclusion

This chapter examines women's role as daughters-in-law in the early years of their marriages. Types of household as an influential factor and types of fertility as a determinative aspect on women's role performance and family status have been analyzed, respectively. As daughters-in-law, women with disabilities share more similarities with their non-disabled counterparts in terms of role performance and influence arising from their fertility. However, fulfilling the role expectations as other non-disabled daughters-in-law and producing children helps women to compensate for their disability identity. In other words, being normal is a process of transforming women's disability identity and thus compensates for their inferiority.

The researcher argues that despite disability as a stereotyped identity, it constructs a protection for women with disabilities in the context of village environment. The prejudice against women with disabilities sometimes engenders sympathy and support. In this vein, women's inferiority resulting from disabilities obtains compensations. On the individual level, women with disabilities do not passively to internalize stigmas attached to them. They employ strategies to balance their inferiority with the purpose of maintaining their psychological well-being. Male in-laws support to women with disabilities in the course of family conflicts deserves further exploration in the future studies.

Chapter 6 Becoming Wives with Disabilities

Introduction

The family status of women with disabilities is gradually enhanced after separating household from their parents-in-law's. Having one's own independent household and being valued by their husbands make it possible for women with disabilities to negotiate with their husbands. Age superiority, abilities and strong personality of these women are identified as three influential factors facilitating the negotiating process. This process is characterized by testing the husbands' bottom-line, rearranging domestic affairs and reconstructing role performance. Impacts of the negotiating results on women's disability identity are also explored. Domestic violence, something inevitable in the negotiating process, is investigated in the rest of this chapter. It is revealed that women with disabilities obtain external and internal supports to balance the vulnerability due to their disability identity.

The Possibility of Negotiation

Enhancing Family Status

After the household division, most women with disabilities build their independent household where they obtain more autonomy and freedom. The subservient status of women with disabilities as daughters-in-law is now enhanced with the spousal role becoming salient during this stage. Those who separate from parents-in-law reported that they obtain more autonomy and freedom without mothers-in-law's interference. This allows the flexibility of role performance as wives. Women do not need to be concerned about criticism from parents-in-law when negotiating with their husbands. An informant provided an example which showed a significant change from living temporarily with parents-in-law to being independent:

> "Life became much better after separating from his parents……After division, I had more freedom. I can give you an example, if I did not want to wash dishes after lunch, I could put them on the table until my husband came home for dinner. However, if I still lived with my mother-in-law, I should wash all the dishes as soon as we finish meal." (Case 2)

In addition to having more autonomy and freedom, women with disabilities get more opportunities to manage family resources. This also contributes to an improved family status. When living with parents-in-law, almost all the family resources are under the control of mothers-in-law and women with disabilities, as daughters-in-law, have fewer resources to manage. After the household division, the domestic affairs are redistributed between the couples to sustain the family survival. The majority of women with disabilities found themselves managers of their families after separating from parents-in-law. For example, the same informant discussed in the previous chapter, who complained about her mother-in-law's refusal to distribute rice to her, described her situation after household division:

> "After dividing the household, my mother-in-law divided rice into three shares after each harvest season, one for us, one for his brother, and the rest for his parents. I could cook rice whenever I wanted. I did not need to get permission from my mother-in-law." (Case 4)

Being valued

Women with disabilities are valued by their husbands. There are probably two reasons why husbands cherish their wives despite their disabilities. The first may reside in the difficulty in finding a wife. As discussed in the chapter on disabled matching, husbands of women with disabilities are usually the poorest of the poor and retain an inferior social status in Bai Township. Seeking daughters-in-law is extremely difficult for such families, considering the expensive bride price and the payment for the wedding feast. Therefore, arranging sons' marriages sometimes traps these impoverished families hardship for a long time. For example, one husband recounted the difficult life in his family because of payment for his marriage:

> "My family was the poorest one in the village. My elder brother is blind of does not get married. In order to have a wedding feast and pay the bride price, my family had to sell our farm cattle. The feast put my family in debt. Several years after our marriage, we still hadn't paid off the debt and had no money to buy other farm cattle. My father and I had to farm the lands by ourselves for many years." (Case 12)

The second reason is probably because they have a smaller chance to get remarried after divorce. It seems that divorced women with disabilities have higher possibilities to remarry whilst their husbands can seldom obtain another opportunity to find partners. The unequal chance regarding remarriage between these women with disabilities and their husbands can be explained as follows: divorced women usually choose to leave their husbands' villages and make a living in the cities where their marital status can be disguised. It is probably the mobility after their divorce that increases women's chance to find partners. In this study, the husbands of remarried women are usually much younger than their ex-husbands. By contrast, their ex-husbands cannot remarry. Apart from factors such as poverty and old age discussed in Chapter 4, factors such as the divorce status, inability to make money due to old age prevent these women's husbands from obtaining opportunities to seek partners. As a result, the majority of husbands indeed fear losing their wives. They take good care of their wives and treat them well. Some of them endeavor to compensate for their wives' inconvenience caused by their disabilities by providing assistance to their wives as often as possible. One husband whose wife is completely immobile has this to say:

> "I carry her everywhere she wants to go, to the Sunday market, to the relatives and to the street. I worry that one day in the future if I am too old to carry her, both of us can only stay at home. I do whatever she arranges for me to do" (Case 7)

Influential Factors of Negotiation

An enhanced family status after house division and being valued by the husbands lay a foundation for women's negotiation power in the everyday life. Moreover, three strengths these women have impact the negotiating process, namely, age, ability and personality.

Age superiority

As discussed in Chapter 4, age discrepancy between women with disabilities and their husbands is common, with the women being younger, on average, by 9.7 years. Age is, therefore, one of the women's strengths in the process of negotiation. The underlying reasons of women's power arising from their younger age probably can be attributed to three reasons. The first is the different chance of women with disabilities and their husbands to remarry if divorced. This can be illustrated by a remarried informant's statement about the present life of her ex-husband.

> "He never got a chance to get married after divorce. He was sent to an old people's home in the village but came back because nobody took care of him after the only staff quitted his job…….In the winter, my ex-husband usually sits around a stove in our room for the whole day and has no intention of leaving. If we prepare food, he will beg me to distribute some for him." (Case 1)

The second reason is that the marriage pattern in Bai Township, which expects wives to be younger than the husbands, results in the husbands' face being enhanced if they have a young wife. That is, marrying a young wife is the demonstration of a man's capacity. This can be vividly demonstrated in the observation of one informant's dialogue with her husband at the presence of a male villager:

> The male villager: Your wife is much younger than you.
>
> The informant: He (her husband) got married with me at his thirties. He is over twenty years older than me.
>
> Her husband: It is not true. At most eighteen years.
>
> The informant: Eighteen years? You know, you are older than my mother!
>
> The male villager: It is good to have a young wife. (Case 9)

The final reason is the increasing dependence of the aging husbands on their wives with disabilities. Being much younger than their husbands greatly improves the confidence of women with disabilities because they become the caregivers of their husbands gradually in their marital lives. For instance, an informant expressed her belief in the stability of her marriage even when encountering a marital crisis.

> "During that time, my husband was addicted to the tea house and flirted with women there. But I never worried about my marriage. I could bring up my children and support myself by selling vegetables. I could live without him, but he could not without us. He could not find another young woman who wanted to get married with him and take care of him." (Case 2)

Abilities

Disability is hardly the predominant identity that characterizes these women. Rather, it is their abilities that define them. To survive in the rural context, these women are cultivated as competent in various aspects. To start with, playing the role as caregivers to other family members demonstrates these women's caring ability. The majority of husbands express their satisfaction with their wives' caring ability. One husband expressed his appreciation to his wife as follows:

> "I need to work in the day and cannot take care of my son. She manages everything for our son, dressing, cooking and sending him to the school. When I go home every day, it is almost dark. She will prepare dinner and wait for me to have dinner together." (Case 12)

Domestic competence including cleaning a house, arranging family affairs, being good at handicraft, and performing skillful needlework ect. is another illustration of their capacity. The following three examples can illustrate how three informants' husbands appreciate their wives' different domestic capacities.

> “If she is not at the risk of relapse, she can clean the house and make each room tidy. You can have a look around my house. Each room is in order.” (Case 9)

> “My daughter is twenty-two years old. But she cannot do needlework as well as her mother. My wife can sew my trousers as a new one even if it is ripped by thorns. I always criticize my daughter, ‘Although your mother is disabled, you are not as competent as her.’” (Case 15)

> My wife is really smart. Many non-disabled women in the village cannot understand the designs of weaving books. But my wife can learn quickly at the first sight. All the winter slippers of the whole family are made by her.” (Case 16)

Last but not least, some of them can transcend their disability identity to a great extent through their earning or farming abilities. With the aging of their husbands, some women with disabilities have to shoulder the responsibility of sustaining family survival. As a result, they start small business and some of them indeed become the main breadwinners of their families. This point will be further explored in Chapter 8. Others are able to provide assistance in farming, which helps to reduce the economic pressure of their families due to not having to pay for hired hands. One husband’s statement exemplifies this point.

> “My wife is a quick worker when transplanting rice seeds. Although she is disabled, she can do it much better than other non-disabled women in the village. We can finish transplanting by ourselves and need not spend money to hire others.’ (Case 16)

Strong Personality

Strong personality is the final factor influencing the process of negotiation between couples. In this study, the majority of women are reported to have strong personalities, rather than women who are passive, tolerant and submissive. This is in a sharp contrast with their husbands' subservient characteristic as described in Chapter 4. One mother described the personality of her daughter with disability with the following statement:

> "My daughter has been married for nine years. She never fights with her husband these years. If they really fight, I do not think my son-in-law can win. My daughter is a person with very strong personality." (Case 12)

The strong personality of women with disabilities is well demonstrated during the quarrels between the couples. Some of them employ a strategy of "shouting a stream of verbal abuse" at their husbands to solve the spousal conflicts. As they may be weaker than their husbands physically, they express their potency verbally, which always allows them to gain the upper hand in the course of quarrellings.

Some women with disabilities even resort to physical violence to discipline their husbands. However, it is rare in the village environment where women's virtues are highly valued. Wives should show their "subservience" to their husbands, at least in public. Therefore, wives' physical violence occurs only in some special situation where husbands are the party at fault, such as getting involved in extramarital affairs. Women's physical violence can be tolerated by the public under circumstances which threaten the family survival. For example, one informant whose husband frequented the tea house described her physical violence on her husband:

> "I beat him with a bamboo splint when he came home if I knew that he went there. He never fought back because he knew it was his own fault." (Case 2)

The strong personality of women with disabilities in this study probably can be explained by their early experience of growing up as disabled girls. They endeavor to protect themselves against prejudice and discrimination they encounter. In this vein, developing a strong personality is one way to raise their inferior status and protect their dignity. This contributes to their survival, socially and psychologically, when confronting discrimination. The following two examples can illustrate how women with disabilities employed verbal and/or behavioral defense to protect themselves in their childhood:

> "Nobody dare bully me when I was in primary school. I still remember that once when I was on the way home from school, several naughty boys called me 'shortie'. I shouted a stream of dirty words at them. At that time one teacher passed by and criticized those boys whilst I still kept cursing them. The teacher came to twist both corners of my mouth. I got angry and scolded her, 'My mother has never beaten me. Why do you abuse me?'" (Case 6)

> "I am a person with strong personality. When I was in the primary school, I was assigned by a teacher to be a group leader. Some boys in my group did not follow my direction at the very beginning because they thought that I was disabled. I beat each of them on the heads and later, they followed whatever I arranged." (Case 2)

The Process of Negotiation

Making a Test

Some women with disabilities may cautiously test with their husbands' willingness to take responsibility for certain family tasks. Generally speaking, there are two characteristics of making a test. The first is usually takes place at the early years of marital lives when the interacting model between couples is still unformed. Husbands probably experience mockery if they conduct tasks which are unusual or are not expected of men. An informant with physical disability whose husband carried her around is perceived by villagers as a “rare case across China” because a man is not anticipated to carry his wife in public despite her physical disability. The informant recounted how she tested her husband at the very beginning of their marriage as follows.

> “I got married in December and my father’s birthday was in January. I asked him (the husband) to go alone and give some money to my father as his birthday gift. He returned after three days. I tried to ask him to carry me back to my parents’ home. When I arrived, all the Zhou’s (the informant’s family name) relatives were happy. My father said, ‘my dear daughter, I thought that I would never see you.’ All the relatives assumed that he would not or could not carry me. To my surprise, he has carried me everywhere since then. Now, I ask him to carry me wherever I want, he dare not refuse me.” (Case 7)

The second characteristic of testing involves tasks with a distinctive gender feature. In Bai Township, few husbands help with domestic chores which are perceived as woman’s business, such as cooking, washing dishes and sewing. However, in view of the women’s limitations caused by their disabilities, some domestic chores await for redistribution between the new couples. This paves a way for breaking the traditional strict boundary of the distribution of domestic affairs where men are breadwinners and women are homemakers. A new family mode can be rebuilt in the process of negotiation between couples. The example of one woman with physical disability can demonstrate how testing proceeds.

> "I was pregnant at that time and thus it was inconvenient for me to do domestic chores. I just left dirty dishes in the basin, and waited to see whether my husband would wash them after he came back. He really did it. Later it becomes his responsibility to wash dishes."

Rearranging Domestic Affairs

The early classic monograph "*Husbands and Wives*" claims labor division between couples mirrored the power structure in the marital relationship (Blood & Wolfe, 1960). Later investigations relevant to family power, conducted by either Chinese or overseas scholars, continue to identify the division of labor between spouses as an important evaluative criterion of family power and gender equality (Lee & Lichter, 1991; Xu, 2006; Zhang, 2010). However, it is not supported by research findings in this study because women's disabilities require the redistribution of domestic affairs between the couples, which probably provides an opportunity to unfreeze the established family power arising from the distribution of domestic chores.

Considering women's disabilities and their husbands' inferiorities, domestic affairs inevitably demand rearrangement with the purpose of sustaining the survival of their families. There are two main principles of allocating domestic affairs: firstly, it should minimize women's inconvenience and eliminate potential dangers caused by their disabilities; and secondly this redistribution should maximize the families' interest and maintain the survival of their families.

The first principle of redistributing domestic affairs is related to the types of women's disabilities. It is observed that the domestic chores in the families of women with physical disabilities are usually divided into “moving” work, such as carrying things and feeding the poultry, and “stationary” work, such as cooking and distributing food, with husbands being responsible for the former and wives the latter. As for women with hearing and speech disability, because these women never attended special schools to learn sign language and thus they can be understood only within their families. This results in family affairs of these families being classified according to the public and domestic domains, with their husbands usually playing the role as family representatives. When it comes to women with intellectual disability, their limited cognition is an influential factor on how domestic affairs are arranged between the couples. Additionally, whether women with psychiatric disability are at risk of relapse is also of crucial importance when arranging domestic work. These women are arranged to stay where they can get access to first aid in case of relapse. For example, a husband said:

> “I found that she may have relapse every three months. She has some syndromes before that, such as being sleepless, feeling headache and feeling something crawling in her head and so on. Then I will not allow her to pasture cattle outside. It is better to ask her to stay at home. If anything happens, neighbours will come for help, or inform me immediately.” (Case 9)

The second principle of distributing family affairs is to maximize the family benefit to ensure the survival of these families. Some women’s disabilities impact their abilities of taking some domestic tasks, the failure of which may result in the economic loss of their families. Therefore, they are not arranged to perform these duties. To illustrate, one husband explained why he seldom asked the wife with intellectual disability to purchase:

> "She has little knowledge of currencies and can recognize only one yuan and five yuan. Last time I gave her ten yuan (about US$ 1.6) to buy two-yuan (about US$ 0.3) sour vegetable in the market because I felt so exhausted after work. She spent all the money on the purchase. We have no refrigerator and cannot preserve it. I had to go to the market by myself again, negotiated with the boss but failed to get the money back." (Case 13)

In the same way, husbands' habits may also put the family survival at risk, such as addiction to the tea house and gambling. Despite the husbands being the main breadwinners of the families, the potential danger caused by their habits may deprive them of the rights of managing the money they've earned. As a result, wives in these families usually control the family income regardless of the influence that their disabilities may have on their performance. For instance, a woman with psychiatric disability explained why she managed money even though she is incapable of counting money:

> "I take responsibility for the financial issues of my family even though I cannot count money. My husband is addicted to gambling. He earned two thousand and six hundred yuan (about US$ 413) by working as a construction worker last year before the new spring festival and turned in two thousand to me. I put it in the bank. I did not expect that he hid six hundred for gambling until one day one neighbor came to tell me my husband lost nine hundred yuan (about US$ 143). I criticized him and my children also blamed him." (Case 9)

Domestic chores are thus rearranged between women with disabilities and their husbands on the basis of the above two principles. It is in the process of redistribution that the family power between the spouses changes subtly. Three family tasks, earning money, managing money, and negotiating in the public domain, are identified in this study as the powerful manifestation of the distribution of the spousal power and family status. Some women with disabilities run small businesses and become the main breadwinners. In contrast, their aging husbands are unable to find a job to earn money and take responsibility for doing domestic chores. In other cases, although some women are not the main breadwinner of the families, they are in charge of managing the family income. This also contributes to their superior family status and fosters their family power. In these two cases, controlling the family finance makes women with disabilities obtain more autonomy and power to make decision in terms of family affairs, such as amount of lucky money to the feast and pocket money for husbands' cigarettes. In addition, women with disabilities competent with negotiating in the public domain appear to have even more family power. These women are perceived as the family representatives and take responsibility for various family decisions, ranging from daily trifles to more crucial matters. Their family power is gradually cultivated in the course of their negotiation in the public and in the fight for resources for their families.

Reconstructing Role Performance

A wife in Bai Township is expected to be virtuous, hardworking, capable of doing domestic work, and enduring hardship as well as skillful in dealing with interpersonal relationships. However, women's disability identity permits some flexibility regarding their role performance. When playing the spousal role they can be inferior to, equal to or superior to other non-disabled women.

Women’s disabilities sometimes have influence on their abilities of understanding and conducting the spousal role. This results in their poor role performance as wives. Different types of disabilities influence these women‘s role performance in diverse ways. Women with hearing and speech disabilities and those with intellectual disability are reported to have more difficulties in playing the spousal roles. To illustrate, one husband expressed his embarrassment when his wife with hearing and speech disability failed to understand him.

> “She is dumb and deaf and cannot understand things as we normal people. She sometimes acts against me and makes me embarrassed. For example, if I discipline children, she will fight with me and protect children. ” (Case 16)

Despite being frustrated due to wives’ poor role performance, husbands of women with disabilities appear to take a tolerant attitude. This can be partially attributed to husbands’ lower expectations when they get married with wives with disabilities and not least to the fact that overwhelming demands on women with disabilities probably can result in some serious consequences, such as increasing danger to the women themselves or even direct financial loss of the families. For instance, a husband explained why he decided not to ask his wife with inherited dwarfism to pasture cattle.

> “I take lots of family chores and feel tired every day. At the beginning of our marriage, I expected her to pasture cattle. She went to the field with the cattle. But after only one hour, a villager came to my home and shouted, ‘Hurry up! Your cattle are eating my crops.’ My wife is too short and cannot control the cattle. My family compensated a lot for that villager and since then I never ask her to do it.” (Case 6)

Being like other woman is perceived as a goal for some women with disabilities, as one informant stated, “I do not expect myself to perform better than other non-disabled women. But at least, I should do as well as they do.” Women prefer to identify themselves in terms of their gender identity and rurality identity rather than their disability identity. A married rural woman is expected to be moral, responsible and have endurance. Therefore, women with disabilities endeavor to conform to these criteria which can ensure that they have the same reputation as other non-disabled women. Rural identity fosters women’s resilience against hardships in their daily lives. As a result, women interpret various barriers they need to overcome regarding to rurality identity rather than their disability identity despite the fact that sometimes barriers women encounter probably arise from both identities. To illustrate, one informant described her experience of abortion as follows:

> “I went to the hospital alone without my husband. The travel cost for two people was beyond our paying ability. I saw urban women delivering children in the hospital, surrounded by a number of relatives. The urban women are so fragile. I felt lonely when staying alone in the hospital for aborting the fetus. I didn’t follow the doctor’s suggestion to stay in the hospital until the whole process was over. Instead, I left because I didn’t know what to do if I could not catch the last bus. I felt such pain on the bus and just stood, blood coming out of my body. But rural women can endure such hardship.” (Case 6)

Performing better than non-disabled women can help some women with disabilities to achieve a supernormal status in terms of their role performance. As discussed in this chapter, women with disabilities can be superior regarding their abilities in terms of earning, farming and caring. These aspects help them transcend their disability identity. In short, the role standards for women with disabilities in fact are ambiguous, hence creating an opportunity for them to reconstruct their role performance. If their performance is poorer in comparison with their non-disabled counterparts, disability identity provides a buffer for these women. But if their role performance is the same or even better, it can compensate for their disability identity.

Likewise, successful negotiation can compensate for women’s disability identity and decrease their negative self-image. By contrast, the failure of negotiating tends to arouse women’s sense of inferiority. Husbands’ refusal to cooperate with domestic chores reminds wives of their limitations due to their disabilities. This further reinforces their inferiority when compared with non-disabled people. For instance, an informant with inherited dwarfism admitted that the moment that she recognized that she was disabled when she failed to negotiate with her husband.

> “I seldom take myself as a disabled woman in the daily life. Sometimes my husband lies on the sofa and is reluctant to pasture cattle. I ask him to do it because cattle moo in the shed because of hunger. He usually responds, ‘Do it by yourself if you want to.’ It is at that moment that I am aware of my disability. I am too short and cannot pasture cattle. My thought at that moment is, ‘If only I were not disabled.’” (Case 6)

However, the negotiation between the couples in their marital lives is not a process that simply yields either successful or unsuccessful results. It is a more complicated process that is full of various conflicts and struggles. Domestic violence against women with disabilities possibly takes place in the course of the spousal negotiating. The rest of this chapter thus focuses on domestic violence occurring in the marital lives of women with disabilities and explores how disability identity influences these women in the rural context.

Social Support to Women with Disabilities against Domestic Violence

A large portion of prevailing literature is devoted to exploring abuse suffered by women with disabilities in the intimate relationships and presents a miserable picture of lives of women with disabilities. Women are reported to experience disability-related forms of abuse, physically, emotionally and sexually, in the intimate relationships (Hassouneh-Phillips & Curry, 2002; Nosek, Foley, Hughes & Howland, 2001). However, the research findings in this study do not completely support the conclusion above. This section aims to examine domestic violence in the perception of women with disabilities in Bai Township.

Women's Interpretations of Domestic Violence

There are three characteristics of domestic violence in the perception of women with disabilities in this study. Firstly, domestic violence is perceived as 'normal' in the marital lives provided that it is not serious as conflicts between couples are treated as inevitable. Even if there are conflicts, most women with disabilities believe that couples can recover their relationships afterwards. To illustrate, one woman made a metaphor regarding domestic violence as follows:

> "“It is not strange for a couple to quarrel or fight each other. Old people always say that even teeth probably bite the tongue, let alone two persons who need to live together for the whole life. I always quarrel with my husband, but we can make up very soon." (Case 17)

Secondly, the severity of domestic violence is determined by the reference group that women with disabilities select to compare themselves with. Generally speaking, non-disabled women in the village who suffer domestic violence are chosen by women with disabilities to make a comparison. This comparison indeed increases women's tolerance of domestic violence because they only get to see the most serious abuse cases, thus leading them to think that the violence they suffer is negligible. For instance, one informant with physical disability remarked:

> "My husband never beats me. Some non-disabled women are beaten and run away to the street. We have been married for almost thirty years during which he has never beaten me like that." (Case 2)

The final characteristic is that these women have a different interpretation of disability-related violence from the present literature. According to the discussion in the literature, various types of confinement and physical restraint are taken as a form of disability-related physical abuse (Nosek, et al., 2001). However, for some informants with physical disabilities in this study, such confinement actually protects them against escalating violence since the husbands' anger has been released through confining them. To illustrate, one stated how her husband's confinement protected her when they got involved in conflicts:

> "Sometimes if he is extremely angry, he just 'throws' me on the bed and leaves. No serious conflicts happen." (Case 2)

Likewise, in addition to physical confinement, some verbal attack related to women's disabilities is not interpreted by women as a form of discrimination. Rather, some women prefer to interpret it as husbands' protection arising from tender love, which prevents further conflicts. For example, one informant recounted how her husband "offends" her in terms of her height in the course of conflicts.

> "Sometimes when my husband is furious, he will say angrily, 'I will not argue with you because you are so small. And then he will leave without saying anything until he cools down." (Case 6)

Fighting rather than Being Beaten

Domestic violence is not one-way violence which refers to husbands' physical abuse against their wives with disabilities. Rather, it is sometimes mutual attacks between couples. Therefore, women with disabilities differentiate these two situations with "being beaten" and "fighting" during the interviews. This indicates that women with disabilities are not always passive victims in the course of domestic violence, instead, they avenge their husbands with verbal attacks and/or physical violence.

Some women with disabilities expressed their strength in verbal abuse during spousal conflicts. It seems that in most situations, women's verbal attack is effective because husbands feel they are losing face when the couple's conflicts are exposed to the public. Compared with men, women have superiority in terms of verbal attack but inferiority in terms of physical conflict. This superiority sometimes is the reason of the spousal conflicts escalating, leading eventually to physical violence. For instance, one woman with intellectual disability recounted:

> "When we have conflicts, I usually swear at my husband. He can never win if we shout together." (Case 13)

Her sister then added:

> "But she is sometimes beaten by her husband because of her swearing." (Case 13)

When getting involved in physical conflict, women with disabilities are not always victims. They usually choose to fight back. One informant with severe intellectual disability is frequently abused by her husband who is a heavy drinker. Her account probably can offer an example of women's defense in the process of domestic violence:

> The researcher: Do you live a good life with your husband?
>
> The informant: No. He likes to drink alcohol.
>
> The researcher: How often does he drink?
>
> The informant: Almost every day and nobody can stop him.
>
> The researcher: What do you do if he beats you?
>
> The informant: I am not so stupid. I don't just stand there and let him beat me. I fight with him no matter whether I can win. I never run away. (Case 18)

Social Support to Women with Disabilities

There are no social agencies that can provide urgent social service to women with disabilities suffering domestic violence in rural areas. However, external and internal support is always available to them.

External Support. External support consists of assistance from villagers and the maiden families. When neighbors and other villagers witness husbands' physical abuse against women with disabilities, most of them choose to stop the husbands by persuasion. Although sometimes the intervention tends to destroy the relationships with these women's husbands, villagers still have a sense of responsibility to protect women with disabilities. To illustrate, one old neighbor of a woman with hearing and speech disability stated how she interfered with the spousal conflict and offended the woman's husband:

> "Her husband has a bad temper. At the beginning years of their marriage, he always beat her after drinking. I went to criticize him when I heard the wife's sob. I said, 'She got married with you at her young age. She is a disabled woman. How can you beat her?' He got angry with me and did not say hello to me for many years." (Case 15)

Apart from villagers' supervision and support, women with disabilities can obtain external support from their maiden families. Indeed, maiden families of these women are ready to intervene whenever serious domestic violence occurs. Domestic abuse is probably the greatest concern of maiden families. They keep an eye on their daughters' safety by keeping in touch with them. Once domestic abuse happens, the maiden families take immediate action to assist women with disabilities. Four types of strategies taken by these women's maiden families have been identified in the present study, which vary according to the severity of domestic violence.

First, verbal threatening means that male family member (s) from the maiden family gives warning to women's husbands to refrain from acting violently. It is employed in the case where the violence is not serious and the maiden families try to cultivate harmonious spousal relationships for their daughters with disabilities. One informant illustrated how her father manipulated this strategy:

> "My husband beat me at the first years of our marriage. I ran back to my parents' with my children. My father warned him not to beat me again. My husband followed my father's words. You know, he is unlike my ex-husband. That guy did not follow my father's persuasion and kept beating me. Since then my husband has never beaten me. Rather, I always scold him when we have arguments." (Case 9)

If verbal threatening is ineffective or the domestic violence on women with disabilities is serious, the maiden families tend to use physical violence to revenge. This strategy tends to aggravate the spousal conflicts of the hostility between the women's maiden families and their husbands, thus destroying the self-recovering capacity between the couples. For instance, one sister of an informant with intellectual disability told the researcher during an interview:

> "Once she (the informant) was beaten by her husband, but she did not tell anyone in the family until my mother saw her bruises. After my mother told me what happened, I rushed to their place, grabbed his (the informant's husband) sleeves and shouted at him, 'If you dare beat her again, I will ask my friends to beat you to death.' Then, I slapped him and left." (Case 13)

The third strategy is providing temporary shelter. It means the maiden family provides non-permanent residence for their daughter with disabilities and waits for their husbands' apology before they can take their wives back home. Providing temporary shelter is known as "running back to the maiden family" and is employed by almost all village women when having conflicts with husbands. This strategy can be combined with the previous two strategies, verbal threatening and physical violence. This strategy is effective because temporary separation in the course of conflicts can help the couples to calm down. Husbands will take their wives back after cooling down. The example of an informant illustrates how the maiden family used this strategy with the combination of verbal threatening.

> "My husband went to my parents' to take me back home, but my father criticized him and asked him to take his children back. He cried on the way home that day. You know, he could not take care of the children at all. He came several days later with a mediator and made a promise to my father. My father permitted him to take me home.(Case 9)

The last type of intervention is assisted divorce. It means that the maiden family gets involved in the couple's conflicts and helps their daughters with disabilities to go through the process of divorce. Assisted divorce usually occurs when domestic violence is quite serious. The maiden families perceive that the maintenance of marriages may put their daughters' safety at risk. To illustrate, one mother of an informant with psychiatric disability described how the whole family helped her daughter to divorce:

> "He (the ex son-in-law) had another woman outside and always beat my daughter. The whole family got angry and felt sorry for my daughter. Numerous relatives, including my sons, nephews and nieces gathered together. We carried a camera, rushed into their renting house, and made a video as proof. Later, we sued him (the informant's husband) for his adultery." (Case 10)

The intervention of the maiden families, acting as an external support, bolsters the family status of their daughters in the marital relationships. Women with disabilities who lack external support from the maiden families, in contrast, find themselves in a very difficult position as illustrated in the following example:

> "I lived with my elder brother since my childhood. But he has died. If my husband beats me, I cannot find any place to shelter." (Case 18)

Internal Support. In addition to external support from villagers and the maiden families, women with disabilities can obtain internal support from their children when encountering domestic violence. The majority of mothers with disabilities in this study express that their children take sides with them, considering their inferiority due to disability and female gender identity. One informant presented the following account of her children's support:

> "Sometimes when I quarrel with my husband, the two children will criticize us. We feel embarrassed and stop quarrelling. But if serious conflicts occur and we fight together, they will take my side and criticize their father, 'my mother is a disabled woman and you are a man. How can you bully her?'" (Case 9)

Children's assistance also implies that the support for women with disabilities is transferred gradually from the maiden families to the women's married families where the grown-up children take responsibility for caring for their mothers. Children's responsibility is cultivated in the mothering process of the mothering of women with disabilities. The next chapter proceeds to investigate the maternal role of women with disabilities.

Conclusion

Numerous studies highlight the domestic violence that women with disabilities suffer in the intimate relationships. The discussion of this chapter challenges this biased opinion and explores the negotiating process between women with disabilities and their husbands. Disability is not the predominate identity of these women. Rather, they have various positive attributes which can compensate for their inferiority caused by disabilities. The process of negotiation alters the spousal role performance and the distribution of domestic affairs traditionally assigned to them. This lays a foundation for women to transcend their disability identity. But in the negotiating process domestic violence is inevitable. This chapter examines this topic in the perception of women with disabilities and presents their different interpretations of domestic violence. They are not always victims but sometimes can defend themselves with verbal and/or physical violence when encountering domestic violence. In addition, women with disabilities can obtain external support from villagers and the maiden families, and internal assistance from their children. These supports balance women's inferiority arising from disabilities effectively in the village environment.

Chapter 7 Being Mothers with Disabilities

Introduction

This chapter explores the maternal role of women with disabilities from two perspectives, the standpoint of mothers with disabilities and the perspective of their children, both of them are important because mothering is a mutual interaction between these women and their children. The first section investigates three types of mothering, including complete mothering, assisted mothering and substitute mothering and then it proceeds with the analysis of how mothers cultivate their children in terms of physical nurturance and moral education. This chapter also examines children's interaction with their mothers with disabilities. It is found that internalized stereotypes and internalized responsibilities are two distinctive characteristics of children growing up with mothers with disabilities. By taking the maternal roles, most women with disabilities fulfill their womanhood successfully and simultaneously succeed in minimizing the stigma attached to their disability identity.

Taking the Maternal Roles

The majority of women with disabilities in this study except two childless informants obtain chances to take the maternal roles. Generally speaking, the mothering of women with disabilities in this study can be classified into three types according to mothers' nurturing capacity and the need to employ external assistance. On the basis of these two criteria, complete mothering, assisted mothering and substitute mothering are identified among the seventeen informants who have mothering experience.

Complete Mothering

Complete mothering means that women with disabilities can virtually nurture children independently, with little or no external assistance, meaning that their disabilities have a minimal impact on their maternal roles. In this study, all mothers with physical disabilities are reported to be able to achieve complete mothering. It is noteworthy that complete mothering does not deny the existence of barriers resulting from women's disabilities in the course of nurturing their children. However, problems encountered during mothering can be solved by these mothers in effective ways. Physical obstructions including limited mobility and short height are influential on mothers with physical disabilities. Thus, they find creative strategies to remove these barriers. For instance, three mothers with inherited dwarfism modified the domestic environment and rearranged their daily activities to match the nurturing needs. The ensuing example is provided by one of them.

> "All the things in my home are changed according to my height. I have a mini-stove, mini-bed, and mini-table and so on. All family members' clothes are put on the bed, not in the wardrobe and therefore I can get access to them. You see, half of my bed is occupied by mountainous clothes." (Case 5)

Using available equipments to solve the problem of limited mobility is another innovative method used by mothers with physical disabilities. A mother also with inherited dwarfism provided an example of how external facilities help to remove physical barriers caused by her disability in the course of mothering.

> "Other non-disabled children spend only ten minutes to go to school, but my children (also with inherited dwarfism) need at least forty minutes on foot. I cannot carry them to

> the school. I bought a pulley for them last year. My older daughter is skillful with playing with the pulley and carries her younger sister. It is very convenient. They can arrive home even earlier than other children." (Case 6)

In spite of encountering barriers in the mothering process, the self-image of mothers with disabilities is not affected as long as they can solve problems effectively. In this vein, women with disabilities are perceived as accomplishing complete mothering just like other non-disabled mothers in Bai Township. The possibility of mothers with physical disabilities performing complete mothering is also relevant to the popular nurturing style in Bai Township wherein *jianyang* (poor nurturance) is taken as an effective way to cultivate children's resilience. Villagers believe that the hardship experienced in the early age can strengthen children's survival capacity. As a result, children are required to find ways to satisfy their own needs if their mothers with disabilities cannot help. It is this village context that makes it relatively effortless for mothers with physical disabilities to achieve complete mothering. An informant with physical disability unable to stand straight revealed how her son solved the problem of her not being able to embrace him. This does not leave any negative impression on her mothering.

> "I cannot hold my son as other non-disabled mothers. You know, little children prefer to be embraced by an adult. But it does not matter. My son was very smart. He always asked his uncle to hold him when he was a child. I did not feel uncomfortable because of this." (Case 2)

Mothers with physical disabilities take pride in their complete mothering. Their disability identity is minimized notably when nurturing their children. By finding creative ways to remove physical barriers arising from their disabilities, mothers with disabilities perceive themselves as being as competent as other non-disabled mothers. In comparison with mothers with physical disability, women with other types of disabilities need more external assistance to overcome barriers caused by their disabilities.

Assisted mothering

Assisted mothering represents a nurturing mode whereby mothers with disabilities act as the main caregivers for children but external assistance is required under certain circumstances. It often occurs to women with hearing and speech disabilities and women with psychiatric disability. For the former, language barrier is the main problem they encounter when performing the role as mothers. None of the informants with hearing and speech disability were sent to special schools at an early age due to poverty of their maiden families. Therefore, the sign language employed by these women is developed through daily interactions with intimate family members. This family sign language cannot be understood by others except these women's family members, which results in communication barriers when these mothers confront emergencies during the process of nurturing children. For instance, sending sick children to the hospital and explaining syndromes to a doctor are beyond their abilities. Thus, an informal support system comprising husbands and close relatives should always be available for such families until their children can express themselves. Husbands of women with hearing and speech disabilities usually choose to find jobs geographically close to homes to provide nurturing assistance. A husband who explained why he gave up the job as a migrant worker in Guangzhou is illustrative:

> "I worked in a factory of Guangzhou in the first three months after my son was delivered. However, she (his wife with hearing and speech disability) could not send our son to the hospital when he was ill. So I just came back and found some temporary jobs which allowed me to come back home every evening."(Case 12)

Compared with mothers encountering communication barriers, women with psychiatric disability experience other types of difficulties, e.g. social stereotypes against their disability, which handicaps their performance when taking the maternal role, especially in the public domain. These women are perceived as insane and people have reservation about her ability to perform the parental role appropriately. As a result, their husbands' assistance is required in issues relevant to public negotiation. To illustrate, one informant recounted her experience of negotiating with a teacher at a primary school:

> "My son offended the teacher at school and one of the parents was asked to have a meeting with the teacher. I went there and quarrelled with her because I did not think that she had rights to discharge my son only due to his verbal attack on her. She thought that I was 'crazy' and was reluctant to talk with me. I had no choice but to go back home and ask my husband to solve the problem." (Case 9)

In the assisted mothering model, mothers with disabilities still play dominant roles in raising their children. Husbands or close relatives only providing necessary assistance in specific circumstances. Hence, their womanhood can be achieved and their disability identity diminished. But unlike complete mothering, it is difficult for mothers with assisted mothering to remove barriers they meet during their nurturance by employing creative strategies. The difficulties these mothers confront are probably embodied in the social structure, such as attitudinal barriers and lacking opportunities to receive special education. In other words, only in this case, these mothers require external assistance. But for the last type, substitute mothering, mothers with disabilities depend heavily on external assistance for nurturance.

Substitute Mothering

Substitute mothering means that women with disabilities experience actual barriers to fulfilling the maternal role or it is assumed that they will encounter barriers to being qualified mothers because of the possibility of risking children's safety, especially that of infants'. Consequently, their maternal roles are sometimes taken over by other caregivers. A few women with hearing and speech disability, some women with psychiatric disability and women with intellectual disability regardless of severity belong to the type of substitute mothering. Substitute mothering further consists of two subtypes including fathering and grandparenting.

Fathering is one type of substitute mothering that usually occurs in the rare context of families where women with hearing and verbal disability fail in performing the mothering role. These women were assumed to be as competent as other non-disabled mothers because their disability was not seen as an influential factor on mothering. Nevertheless, some informants are reported to be unable to nurture new-born babies, which directly results in the unexpected death of infants. The length of fathering is determined by women's maternal competences that probably vary according to different stages of raising children. Some mothers are unable to nurture infants but can reassume the maternal role at a later stage. That is, for some mothers with disabilities, substitute mothering is temporary and it can shift to complete or assisted mothering when their children grow up. But as long as the mothers cannot perform, at whichever stage, the husbands will take up the caring role. For instance, a husband presented his substitute childrearing experience after the death of the couple's first newborn baby:

> "My children were raised up completely by me. Nobody expected that she did not know how to breast feed a baby. One day, when I came back from the field, I found my first son was hungry enough to die. We should have had six children, but only two survived. Fortunately, one of my relatives could help me to buy rice flour for me. Later, I took responsibility for nurturing my children."(Case 15)

The other kind of substitute mothering is grandparenting, which is very common in families with mothers with intellectual disability and some mothers with psychiatric disability who are perceived as persons requiring care rather than persons giving care. As a result, grandparents, usually mothers of women with intellectual disabilities, act to substitute for their daughters in performing the maternal role. In fact, grandparenting has long been regarded as extended parenting and is an unavoidable obligation for those women's mothers. That is, these women's mothers have been preparing for grandparenting even since they arranged their daughters' marriages. The underlying reason why grandparents are willing to substitute for their daughters can be illustrated by a grandmother who has raised her granddaughter for twelve years:

> "My daughter cannot take care of herself. How can I let her care for a little girl? My granddaughter stays with me every day, follows me wherever I go. She can take care of her mother if I raise her up healthily." (Case 13)

The statement above reflects that the primary intention of grandparenting is to ensure the livelihood of their daughters with disabilities in their old age through help from the next generation. Considering the defective social welfare system in contemporary rural China, the maiden families need to provide security for their daughters with disabilities within the families. Substitute mothering in its nature reproduces a familial welfare system to ensure the survival of family members with disabilities. By helping their daughters to raise children, the caring responsibility shifts from the maiden families to the married families.

Comparing the two types of substitute mothering, fathering keeps the nurturing role in the nuclear family, thus allows mothers with disabilities to share more or less the parental role in the daily practice. However, grandparenting removes the nurturing role out of the nuclear family altogether and completely deprives women with disabilities of their rights as mothers. Fathering, therefore, appears to be better than grandparenting in light of the possibility of the disabled mothers' partial participation in parenting. However, both result in several negative effects on mothers with disabilities.

The first disadvantage of substitute mothering is that it causes a vicious circle regarding the mothering capacity of women with disabilities: lacking chances to act as a mother makes these women lack experience in nurturing children; this in turn consolidates others' biases and skepticism about their maternal competence. Suspected of being incapable of rearing children, some women with disabilities seldom obtain opportunities to take care of their children. For instance, one informant with severe intellectual disability complained how rare she could stay with her daughter:

> "I just stay at home and have nothing to do every day. When my husband goes out to work, I always feel bored, just wandering on the street. My mother said that she worried about my daughter's safety if she stayed with me. So I seldom have a chance to take care of my daughter. In fact, I can cook and wash clothes. I watch TV and can recognize the time for lunch and dinner according to the time on the TV. But only when my mother visits some far away relatives can I have a chance to take care of my daughter." (Case 13)

Another negative influence is that substitute mothering tends to alienate the mother-child relationship. Lacking daily interaction, it is hard for mothers with disabilities to build intimate relationships with their children. That is, these women lose an opportunity to build affective bonding with their children through nurturing experience. For instance, the same informant presented above stated how her daughter treats her and the grandmother differently:

> "My mother takes my daughter everywhere she goes, to the field, sometimes to the relatives'. So my daughter is more close to her grandmother than me. She never calls me 'mother' but shouts my name directly in front of others." (Case 13)

Similarly, fathering can yield the same negative effect on the mother-child relationship even though mothers with disabilities take partial parenting roles. With the father being the main caregiver, the children's interpretation of their mothers is unavoidably affected, be it positively or negatively. These mothers' image has been constructed by other family members, which affects children’s interpretation of their mothers. For example, one fifteen-year-old son who has been raised by his father provided quite negative comments on his mother:

> “My mother is so hopeless that everyone in the village dislikes her. I should have had nine siblings but others were nurtured to death by my mother. She hid or starved them and finally all of them died except me. My father and uncle told me that I almost died when she put me in bush. Without my father, I could not have survived.” (Case 11)

In summary, becoming mothers provides an opportunity for women with disabilities to take on the caring role through which their capacity and femininity can be further strengthened. Different types of mothering cultivate mother-child relationships to different degrees. Specifically, women belonging to the categories of complete and assisted mothering develop strong intergenerational bonding through nurturing their children, whereas those women belonging to substitute mothering have fewer opportunities to build intimate relationships with their children.

Cultivating Children

While the previous section explores different types of mothering, this section focuses on how mothers with disabilities cultivate their children. Generally speaking, these mothers cultivate their children as other non-disabled mothers do and some of them can perform the maternal role better than their non-disabled counterparts. Physical nurturance, moral education and training children with disabilities are three vital aspects in terms of the cultivation of the children.

Physical Nurturance

Providing physical caring for children is the predominant task for mothers in Bai Township. Although all mothers are expected to do the same, fostering their children healthily and ensuring their physical safety have another layer of meaning for women with disabilities. That is, raising healthy children can prove the capacity of these women to play the maternal role regardless of their disabilities. Living with poverty, mothers with disabilities choose to prioritize their children's needs by giving the best food to feed them. For instance, one informant recounted her experience of nurturing her daughter in the 1970s when each family in the village lived a hard life:

> "There was only one bag of flour left at home. I had to keep it for my daughter. I was so weak after delivering the baby and could not go out to make money. My daughter depended on the bag of flour for survival for myself, I went out to pick wild vegetable to eat. I felt extremely hungry every day." (Case 1)[1]

Some women with disabilities can raise their children to be healthier than non-disabled women. This earns them better reputation as mothers in the perception of villagers. Obtaining affirmation and praise from other villagers enhance these women's self-image significantly, which further reduces the salience of their disability identity. An informant who was praised by villagers in terms of her successful physical nurturance provides an example:

> "We were very poor after marriage and lived a very hard life. We borrowed rice for sustaining our survival. The main food was corn. But I sewed a small bag in which I put

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[1] This informant has twice marital experience. She has one daughter with her ex-husband and adopts a son with the present husband.

> a handful of rice at the bottom of a steamer every day when I cooked. After the corn was steamed, I took out the rice and fed my children spoon by spoon. My three children were rosy plump and villagers always said, ‘She can raise children better than other non-disabled women in the village even though she is disabled.” (Case 17)

With homes situated beside the lake, ensuring children’s physical safety, especially the sons’, becomes the main concern of mothers in Bai Township. Drowning occurs each year because of a lack of or protective facilities security precaution on the bank. As a result, disciplining children to keep a distance from the lake in the summer is important for mothers with disabilities. This is also reported as one reason of spousal conflicts. For instance, one informant presented the dispute between to her and her husband regarding giving permission to children to swim in the lake.

> “In our over twenty years’ marital life, we seldom quarreled. The only problem was about children’s swimming. My sons liked to swim in the lake with other boys in the summer. I forbade them to go swimming and asked my husband to keep an eye on them. However, men are always less cautious than women. My husband usually allowed my sons to swim. I always beat my sons when they returned home.” (Case 2)

The majority of mothers expressed their psychological suffering of nervousness and worries. They keep searching for their children if they do not go home when it gets dark. It is especially difficult for mothers with physical disabilities because it is a long trip travelling from the village to the lake. The example of a mother with physical disability reflects her physical as well as psychological suffering because of her concern about her son’s physical safety.

> "Every summer was torturing for me. If my son did not go home when it got dark, I would go out to search for him on the bank. Sometimes when villagers came to tell me that my son was swimming with other boys, I hurried to catch him. It is really hard for me because walking is not so convenient for me. Boys in the village liked swimming so much that they did not follow their parents' warnings. Every year there are several drowning cases in the lake. I really got nervous when the summer came at that time." (Case 8)

Moral Education

In addition to physical nurturance, educating children to be moral is also necessary for mothers. Moral education to children is gender distinctive in Bai Township: for boys, morality refers to "not violating the laws". Thus, stealing is regarded as the most immoral behaviour of boys in the village. By contrast, for girls, morality refers to conforming to social norms, especially those related to sexual taboos, such as not flirting with men in public places, preventing pre-marital pregnancy, avoiding cohabilitation, or getting involved in extra-marital affairs and objecting to prostitution. For mothers with disabilities, cultivating children to be moral can help them transcend their disability identity. However, if their children get involved in any immoral behaviour, these mothers' disability identity will be put under the spotlight, especially for mothers with daughters. Villagers tend to contribute such behaviour to the mothers' failure in showing good role models to their daughters due to their disabilities. For instance, one informant recalled how for several years she had been gossiped about by villagers because of her daughter's cohabilitation:

> "You cannot image how hard my life was in those days. Villagers said, 'How can a disabled mother educate a moral daughter'. It seems that it is my fault." (Case 1)

Therefore, women with disabilities are cautious with children's moral education because villagers tend to attribute children's immoral behaviours to the mothers' disabilities, in spite of the irrationality involved. Since failure in educating a moral child tends to result in inferior status and bad reputation for these families in the village, mothers with disabilities employ several strategies to conduct moral education for their children. Four approaches have been identified in the present study, including preventing, conducting corporal discipline, presenting a model and timely reminding.

The most effective means is probably to nip immoral behaviours in the bud. That is, fully aware of the potentially overwhelming negative influence of children's immoral behaviour, mothers with disabilities take preventive actions before any damaging result happens. For example, one informant with physical disability made the decision to re-arrange her daughter's marriage:

> "At that time, my daughter was engaged to a boy and the boy's family had paid the bride price. After the engagement, the boy decided to take my daughter to work as migrant workers out of the province. I disagreed because if she was abandoned by the boy and came back to the village, the whole family would lose face and it would be difficult for her to find another chance to remarry in the village. Her father agreed with her leaving whilst I strongly objected. I said, 'There is a popular saying, raising a son without filial piety is the father's fault, but having an immoral daughter is the mother's.' I disagreed and gave the bride price back to the boy's family. Later I found another partner for my daughter. I am disabled and I do not want to be gossiped about by villagers in the future." (Case 3)

If children have already got involved in immoral behaviour, it is common in Bai Township for the parents to use corporal discipline. One informant with physical disability well-known for corporal discipline in her village emphasized how effective it was to stop her sons' immoral behaviour.

> "You know, you must beat them and make them have a sense of fear. Other parents use a thick stick to frighten their children, but I choose the slimmest rattan to beat my sons, which will afflict even more pain. Then they will not make the same mistake next time. " (Case 2)

Corporal discipline can be used only at children's young age. For mature children, mothers with disabilities prefer to employ other strategies. Some women with disabilities set up good examples of how to be a moral person and instill morality in their children through their performance in the daily life. One informant with physical disability narrated how she taught her sons to be moral:

> "My husband was seriously burnt because of an accident in the coal pit in 1992. Before the accident happened, we borrowed one bag of wheat from one villager. Other villagers instigated her not to lend it to me, saying that it was impossible to get the wheat back in case of my husband's death. After the harvest, I asked my eldest son to carry the wheat for me and return it to the villager. I told her, 'You needn't worry. If my husband dies, I have my sons. We will return your wheat. I think my sons have learned how to be moral since they were children." (Case 17)

The last strategy is timely reminding which means that mothers with disabilities grasp any opportunities to conduct moral education for their children. That is, if some events take place which is relevant to moral decisions, mothers will give suggestions on how to perform in a moral way. For instance, the same informant told how she cautioned repeatedly her adult son who worked as a migrant worker to behave morally:

> "My son is responsible for cooking on a construction site. A boss gives money to him every day. I caution my son, 'No matter how much money is left each day, you should give each coin back to the boss or keep it for purchasing on the next day. You cannot be greedy and put it into your own pocket. Or you will pay more than you take." (Case 17)

Nurturing Children with Disabilities

When encountering children's inherited disability, mothers do not passively accept the role of victims, but take active action to atone for the situation. These women employ a range of strategies in response to children's disabilities, including making compensation, offering survival training and instilling pragmatic life expectation.

Some mothers tend to have guilty feeling towards their children and therefore making compensation becomes a way of reducing their sense of guilt. For example, an informant goes to sell groceries every day regardless of the weather to save money for the bride price of the son with inherited disability. By contrast, some mothers take children's disabilities as inevitable life events and thus shift focus to offering survival training for their children with disabilities. Survival training includes helping them to recognize the hardships of living as people with disabilities. The early years of training for children with disabilities are a good preparation for their future lives. For instance, one informant with two daughters with inherited dwarfism recounted how she trained her daughter to survive:

> "I do not worry that my two daughters blame me in the future. It cannot be avoided. I have begun to train my daughters, especially the older sister. I asked her to keep accounts of our grocery. Although she is only twelve years old, she can run the grocery independently provided that somebody can help with stocking goods. I take my

> daughters to the Sunday market every week and show them how to select the goods and haw to bargain.” (Case 6)

Instilling a pragmatic life orientation is a subtle process that has influence on the life attitudes and the happiness of children with disabilities. Being disabled, they are trained to have a pragmatic expectation of future life, e.g. having life goals which are easily achievable. In addition, early training also facilitates their achievement of life goals. For instance, a twelve-year girl who is the fourth-generation in the family clan with inherited dwarfism portrayed her future life to the present researcher:

> “My mother told me that we could open a printing shop on the street when I grew up. I can type. We can also have a public telephone to make money. You know, I practise typing by using my father’s cell phone every day. I can run a clothing shop, too.” (Case 6)

Children of Mothers with Disabilities

Mothering is a process of mutual interaction between mothers with disabilities and their children. Previous discussion focuses only on the side of these mothers. The rest of this chapter turns the lens from mothers with disabilities to their children. Indeed, children’s perspectives reflect the unique mothering experience of women with disabilities, which is tightly related to women’s disability identity. Children’s performance and sympathy also contribute to making compensations for their mothers’ disability identity.

Internalized Stereotypes

Children have a clear identity in terms of their mothers' disability identity. "Such kind of families" is a common terms used by children to describe their families during interviews in this study. This identification in fact differentiates families of women with disabilities from other families in the village. On the basis of women's disability identity as well as the impoverishment of these families, identifying their inferiority when compared with other families in the village reflects that children of women with disabilities have internalized the stereotypes caused by their mothers' disabilities. It has been reinforced through daily interactions with classmates at school as well as with other villagers in the daily life. For instance, the daughter of one informant with psychiatric disability expressed her reaction towards the teasing of her classmates in the following way:

> "They laughed at me because my mother lay on the street and blocked the passing drivers for money when she had a relapse. I just cried secretly. What they said is a fact which I cannot deny." (Case 9)

Internalized stereotypes tend to increase children's sensitivity to discrimination against their mothers' disabilities. Once children are alert to any behavior or words which may imply prejudice against their mothers' disabilities, they will defend their mothers and protect them. The following two examples demonstrate how young children recognized prejudice against their mothers' disabilities and thus took action to protect their mothers.

> "My daughter delivered a baby and I took my adopted son to visit her. We arrived at the train station and wanted to take a taxi to a hospital. To my surprise, the driver charged

> three hundred yuan. My son, only six years old, shouted at the driver with dirty words, ‘Do not bully my mother just because she is disabled’.” (Case 1)

> “My mother had lots of friends before she became seriously ill. Her friends said she was a ‘good’ person except for the disease. When they come to visit my mother, they usually make jokes about her. But she cannot recognize that they are teasing her. I feel angry. So every time if they come to our house, I will sit beside my mother and listen to their talking. If I find that they are teasing my mother, I will stare at them and ask them not to fool my mother because of her disability.”(Case 9)

By contrast, adult children tend to provide physical protection for their mothers in situations where prejudice may take place. Various feasts in the village, as discussed in Chapter 3, are places where women with disabilities are likely to suffer discrimination. As a result, some women choose not to attend these feasts but instead send other family members. For those women who need to be present at the feast, their adult children endeavor to protect their mothers. For instance, when a mother with physical disability took pride in her two sons who accompanied her to each feast, they presented below the underlying reason for their escort:

> “She cannot stand straight and walks with hands on the ankles. It is better for us (he and his brother) to go with her wherever she goes to take care of her and to protect her. There are numerous people at the feasts. If we do not accompany her, it is easy for others to bump against her because she is only half as tall as a normal person when she bends down.” (Case 2)

Making Compensations

Children whose mothers are disabled are usually more mature than their peers in the perceptions of their parents as well as other villagers. In spite of internalized stereotypes, they also take active actions to compensate for the inferior status of their families. These compensations include providing labor assistance to parents, restraining their desires and behaving well at school and/or at home.

In these families, children grow up providing part-time labor for their parents, with sons assisting with light-labor work and daughters aiding in domestic chores. Obtaining labor assistance from children does help to compensate for women's physical or intellectual inferiority resulting from their disabilities. The mother-child bonding is an ongoing process cultivated through children assisting their mothers with disabilities. The following two examples illustrate how children provide help to their mothers with disabilities.

> "Every morning before the school, my sons helped me to carry vegetables and other necessities, such as an umbrella, a bench, a hook scale, and vegetables and so on to the market. I stayed there, selling vegetables from dawn till dusk. When school was over, they came to help me to clear up." (Case 2)

> "My eldest daughter is really well-behaved. When she comes back from school every weekends, she will clean the floor, wash dirty clothes for all the family members, wash dishes, and keep everything in order. I need not arrange anything for her. She will do everything she can. She knows that I suffer a lot of inconvenience because of my disability and wants to shoulder partial family responsibility." (Case 3)

Considering the poverty of their families, children usually restrain their desires and do not compare themselves with their peers in terms of clothing and other aspects. They sympathize with their parents and recognize the hardship of earning money.

Therefore, children seldom initiate excessive demands on their parents. For instance, a mother described how considerate her children were with the following statement:

> "My children were extremely sympathetic to our family condition. If there was any activity in the school which required money, they would find excuses not to participate. We were so poor at that time; I prepared breakfast for them at home. They never asked for new clothes and money. Patched clothes were passed from an older child to a younger one. My children understood the family condition very well. " (Case 17)

Similarly, another informant whose wife is a woman with hearing and speech disability provided similar comment on his sons:

> "My sons never ask me to buy new clothes and shoes. I buy ten-yuan *jiefang*[1] shoes for them. This kind of shoe is wear-resistant. My sons wear them even in the winter. They never ask me to buy leather shoes even though most students wear that kind of shoes to keep warm in the winter." (Case 16)

Moreover, some children make money to reduce the economic burden of their families even at their young age. In fact, disability, interlocked with poverty, has negative effect on children's dignity. This engenders not only economic vulnerability, but also social inferiority of these families. A mother with physical disability offered a poignant example to demonstrate how children of such family sympathized with the impoverishment and helped to protect family reputation.

> "My elder son asked all the siblings to carry baskets of crushed rock on Sundays. He gave 0.5 yuan (about US$ 0.1) for each sibling to buy breakfast on the street. A teacher

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[1] This was shoe designed for army soldiers with the development of rubber industry since the 1950s in the PRC but it has fallen into disuse because of its poor ventilation.

> found it strange and asked him, 'You always have breakfast at home. Where do you get money to buy it?" My elder son told the teacher that I gave them money to buy breakfast. He did not want to people to think we were so poor that we could not pay for breakfast." (Case 17)

In addition, the majority of children behaves well at school and avoids causing troubles to parents. Children's good conduct at school also enhances family reputation, especially the fame of the mothers with disabilities as being virtuous. Once mothers with disabilities can cultivate well-behaved children in contrast with their non-disabled counterparts, their disability identity is dramatically compensated by obtaining superior status regarding their successful mothering. For instance, a mother stated how her children made her proud because of their good performance at school.

> "They were very well-behaved and never caused trouble for me. We were so poor at that time that we had no money to buy the school uniform. My oldest son studied hard and all the teachers liked him so much. At the end of one semester, he got a set of school uniform in reward for his hard work. All my children shared the uniform through their primary school period. Whenever I met teachers, they all praised my children. I really felt proud of it. (Case 17)

Another mother expressed that she was comforted because of her daughter's good manner.

> "My daughter never watches TV after school. I do not need to supervise her to finish her homework. She will finish all the homework and then help me with domestic chores. I really do not need to worry about her." (Case 9)

Internalized Responsibility

All the children of women with disabilities have internalized the responsibility for caring for their parents, especially mothers, at their old age. Children perceive themselves as the main caregivers for their mothers with disabilities. Some of them have probably considered the support from the local government. However, the official support is regarded as only extra assistance. These children will not completely rely on the government to ensure their mothers' old age.

The internalized responsibility of children probably arises from three reasons. The first is the social security for vulnerable people in contemporary Bai Township is deficit, and is unable to provide stable, long-term and qualified institutional service. There is an old people's home in Bai Township where one administrative staff is arranged to cook for its residents. However, it was closed last year when the last old man returned home because of the lack financial subsidy from the local government. In addition to the shortage of the local public finance, this institution is perceived as social service for "Five Guarantees", which implies only childless women with disabilities are expected to enter the local old people's home. Otherwise, their children tend to be gossiped as immoral. Since entering the old people's home and receiving institutional caring is a social stigma in the perception of villagers, it is out of the expectation of most villagers with children. The deficit social security and the social expectation on these children indeed not only strengthen children's internalized responsibility, but also exert pressure on them to discharge the caring responsibility for their mothers with disabilities.

The final reason for this internalized duty is the instilled responsibility during childhood. Children in this study reported that their recognition of their caring duty for mothers with disabilities has been cultivated since their early age either from other family members or villagers. An example of a girl whose mother is a woman with psychiatric disability can mirror how this internalized responsibility is instilled via grandparenting.

> "When I was a little girl, my grandmother kept telling me that I needed to take care of my mother because she is disabled. My uncles and aunt also said my mother would become a beggar, living on the food left by other people, if I do not take care of her. I have to study very hard and go to university. If I have a good job and make money, I can take good care of my mother." (Case 9)

Children usually take care of their mothers with disabilities by arranging for their residence and providing economic security. Living together with mothers with disabilities is the primary consideration of most children. It is convenient for mutual daily care among family members. It is noteworthy that even at their old age, women with disabilities do not depend on their children completely. Rather, the majority of them help to nurture grandchildren and manage domestic affairs. This can reveal that women with disabilities both receive care and give care. For instance, a son who contributed all his salary to his mother for managing the whole family expense presented the following statement which can demonstrate how adult children shoulder their caring responsibility and in turn, they also expect their mothers' assistance in grandparenting.

> "Born in such kind of family, I have the inevitable responsibility to take care of my mother. She is disabled. Unlike other women without disabilities, she needs more help when she gets old. My parents are too old to make money. The whole family needs to depend on my income each month. The minimum living allowance each month is not enough for survival in the village. We live together. My mother can help to cook for me and I can have meal when I come back from work. If I have children in the future, my mother can help to raise them." (Case 2)

A boy who was raised up by the father also internalized caring responsibility for his mother even though he had bias against his mother due to poor mothering. This example probably illustrates the importance of fertility for women with disabilities. The boy portrayed his plan in the future as follows:

> "I will go outside the province and work as a migrant worker when I get my ID card at the age of sixteen. Once I have enough money, I will go back to the village and build a two-storey house. My parents can live on the first floor and my family will live on the second. I can take care of them. (Case 11)

Conclusion

This chapter explored the maternal role of women with disabilities from the perspectives of mothers as well as their children. Three types of mothering have been analyzed in terms of the relation between mothering and women's disability identity. Complete mothering and assisted mothering reflects that women with disabilities are capable of performing the maternal role. Substitute mothering implies that the participation of fathers and grandmothers in nurturing children is needed, this probably benefits mothers with disabilities regarding their security. But it also has negative effect on the mother-child relationships and their sense of womanhood. Physical nurturance, moral education and raising children with disabilities were three tasks selected to portray the process of mothering, which further demonstrated their mothering capacity and the significance of mothering in compensating for women's disability identity. The research findings in this chapter reveal that most women with disabilities can become qualified mothers. This challenges the public bias against the motherhood of women with disabilities. Children growing up in these families were reported to be influenced by mothers' disability identity and the poverty of such families. They internalized the stigma attached to these families due to the interconnection of poverty and disability. In addition, they also internalized the caring responsibility for their mothers with disabilities. For women with disabilities, becoming mothers, has three layers of meanings: mothering completes women's womanhood and thus consolidates their gender identity; the nurturing experience helps some women with disabilities to transcend their disability identity and makes them become ordinary; raising children lays a foundation for the security of old age for women with disabilities.

Chapter 8 Towards a Conceptualization of Compensating for Disability Identity through Marriages for Women in Rural Areas of China

Introduction

The last five chapters reported the main research findings of this study. Chapter 3 portrayed the village environment where women with disabilities live their daily lives. The next chapter on Disabled Matching illustrated the process how girls with disabilities and their maiden families selected appropriate mates in an effort to make up for women's inferiority arising from their disability identity and to ensure their safety after marriages. Chapter 5 to 7 investigated three main roles which women with disabilities play after marriage, namely the role as daughters-in-law, the spousal role and the maternal role.

This chapter attempts to conceptualize the marriage of women with disabilities in rural China with a core category "compensating for disability identity". It begins with the representation of the village context which makes this compensating process possible, and then it proceeds to illustrate the basic process how women compensate for their disability identity in rural China. Mate Selection in its nature is a preparatory stage for the process of lifting the imbalance resulting from women's disabilities. After marriages, women with disabilities obtain opportunities to compensate for their disability identity by bearing children, taking multiple roles and demonstrating their capacities. The maiden families perform as a pedestal to provide sustainable support for women with disabilities during the whole process. Finally, the outcomes of the compensating process are reported.

The Village Context: the Environment in which the Compensating Process is Situated

The term “compensating”, according to Oxford Dictionary of Psychology, refers to “the act or process of making amends, or something done or given to make up for a loss” (Colman, 2009). In this study, compensating means the process that women with disabilities went through in offsetting their loss arising from disabilities by their achievement or role performance in married lives. This can be a conscious as well as unconscious process. It is a conscious process when women with disabilities and their families are aware of the disadvantages attached to the disability identity, and they deliberately balance them with preferred role performance of these women. It is an unconscious process when these women have internalized and suppressed the sense of inferiority attached to their disability and gradually developed behaviors which meet with the expectations of the husband and his family members in order to secure their status in the married family.

The compensating process is situated in the village context where women with disabilities live their everyday lives. It is this context that enables these women to compensate for their disability identity through marriages. Two influential factors encapsulated in the village context are analyzed in this section: disability as a personal and familial stigmatized identity and the importance of fertility in these women’s marriages.

Disability as a Personal and Familial Stigmatized Identity

As analyzed in Chapter 3, one salient feature of the village environment resides in its transparency. That is, villagers have very little privacy in contrast with their city counterparts. The transparent atmosphere in the village makes it difficult to conceal women's disability identity. Women with disabilities and their families are highly visible and they are identified by villagers in terms of the disability identity. Additionally, girls with disabilities tend to be perceived as a family burden and/or suffer exclusion from brothers-in-law and sisters-in-law when they are mature enough to get married. For those women who have younger brothers, their late marriage seems to influence their younger siblings' mate selection. Therefore, the main concern of these families is not to employ strategies to cover up daughters' disabilities since it is in vain in the village context, but to train girls with disabilities to perform like other non-disabled women with the purpose of compensating for their disabilities and making their marriages possible.

Early trainings and socialization are preparation for the marriage of women with disabilities. Young girls with disabilities are coached to do a variety of housework. Some of them are required to nurture their younger siblings and others learn to do needle work to knit at their young age. These capacities, which can consolidate women's gender identity and increase their possibilities to enter marriages, are promoted and made more visible through the transparent atmosphere in the village. The ensuing excerpt from the field note can illustrate this point.

> "Two women were talking about one girl with hearing and verbal disability in their village on the bus. The girl is at the appropriate age for mate selection and her family wants to find a prospect partner for her. They talked about this girl's strengths, such as good temper, smartness and capacity of making soles. More passengers on the bus participated in their chatting and tried to figure out some appropriate men in their villages." (Field note, September 5th, 2010)

Perceiving disability as a personal and familial identity results in the individual and/or familial having to struggle for survival. Since disability is a personal and familial tragedy, women's families have to accept the fact and shoulder the caring responsibility for their family members with disabilities. Marriages are thus taken as a means to sustain this caring responsibility by shifting the duty from the maiden families to their married families. As disability is taken as an unfortunate life event of these women and their families, which is irrelevant to the society, disability-related resources given by the government are usually perceived as benevolence from the state rather than as inherent rights of members of the society. In this study, women with disabilities whose family obtained free televisions from the local government expressed their appreciation during interviews. Villagers' understanding of disability as personal and/or familial tragedy also individualizes the problem of disabilities. This has impact on women's level of tolerance; they accept being marginalized and discriminated against due to their disability identity and seek individual-level remedy via marriages to compensate for their disability identity.

In the village environment, the proximity of households, frequent interaction and the discipline of traditional morality cultivate relatively intimate relationships among villagers. These close relationships indeed construct a supportive network for women with disabilities. Although disability is still perceived as an inferior identity, women with disabilities and their families obtain villagers' sympathy. Even though such sympathy indicates villagers' prejudice against people with disabilities as well as their families, it yields positive results which benefit these women. For instance, villagers play a vital role in supervising domestic violence against women with disabilities because they sympathize with their inferiority and vulnerability.

The Importance of Fertility

Women's fertility is an imperative factor making a successful marriage possible, which, in turn, is an essential compensatory criterion for disability identity. Fertility is essential for a man's family in the context of village environment. Children, especially male offspring, are of great importance in rural China because of three vital factors. Firstly, having male offspring is perceived as crucial to the continuation of the family line in a patriarchal society like Bai Township. From this perspective, delivering male offspring has a strong social meaning. As such, given that women with disabilities deliver non-disabled sons, they can achieve high status in the domestic as well as in the public domain. Simultaneously, their disability identity can be greatly compensated. Conversely, if women cannot produce male offspring, the family will be perceived as a "sonless family", which is a discriminatory label, the woman will not be able to compensate for their disability identity and they will experience prejudice from mothers-in-law and from some unsympathetic villagers. For instance, an informant attributed the reason why she was disliked by her mother-in-law to the failure of delivering a son, rather than to her disability. In short, because of the importance of carrying on the family line in Bai Township what makes it possible for these women to get married is their reproductive ability and not their disability identity.

The second reason for the importance of male offspring in Bai Township is that the deficient social security system in contemporary Bai Township results in the majority of villagers relying on family support for their old age. This research finding is consistent with a recent study drawing on national statistics which indicates 90% of parents are supported by their children in rural areas of China (Wang, 2011). Thus, it is assumed that childless families will encounter crises when the couples reach their old age. A mother-in-law expressed her concern for the future of her childless son and daughter-in-law, "What can they do when both of them get old? Nobody will take a glass of water to the bed if they get ill." Considering the significance of children in ensuring old age, most families in this study endeavor to deliver more children in line with the respective family planning policy at their times. The majority of women have at least two children. It seems that the more children they have, the higher the possibility of the parents obtaining security[1] at their old age. This can be illustrated by one informant's metaphor, "If one pot of water cannot be boiled, another probably can." Male offspring are definitely favored because sons are obliged to look after aged parents while offer a proper burial after their death and married daughters are usually free from the caring responsibility for their parents in Bai Township.

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[1] Please also refer to Zhou's (2011) empirical Study in Shandong Province, which demonstrates the inferiority of the one-child family in rural areas regarding providing security for the aging parents in contrast with other families with several children.

The current productive mode of contemporary Bai Township, which combines agricultural production and remittance from migrant workers, is the final reason which determines the importance of fertility. Although a great amount of cropland has been returned to forest, the majority of villagers still reserve some cropland to cultivate their daily food. Thus, labor is highly required in the farming season, such as transplanting rice seeds and hoeing corn. Children's labor assistance in the field is especially crucial for families with women with disabilities who cannot assist with any farming work. A hired hand is common in the farming season in Bai Township. However, the majority of families cannot afford to pay seventy yuan (about US$11.1) for each person for one day's labor. As a result, male offspring is expected to substitute for their aging fathers as the main labor of their families. Children who work as migrant workers usually send money to their parents to pay for hired hands or return to provide labor assistance in the farming season.

In short, it is the village context that fosters an atmosphere in which women with disability can compensate for their disability identity through marriages. This process is illustrated in Figure 8-1. However, the researcher does not intend to leave a negative image where women with disabilities are taken advantage of due to their fertility and functionalized as reproductive objects. Although it is argued that the present situation of rural context highlights the significance of fertility for each family, it is in fact the structural and cultural factors embodied in rural China that engender villagers' pragmatic strategy—bearing male offspring—in order to sustain the survival and to develop family security to ensure their old age. As for women with disabilities, fertility is also a precondition for them to play the maternal role which can help them transcend their disability identity. In this vein, on the structural level, fertility is imperative for a patriarchal society and on the individual level, it is also essential to guarantee the social security of women with disabilities and simultaneously complete their womanhood in rural China.

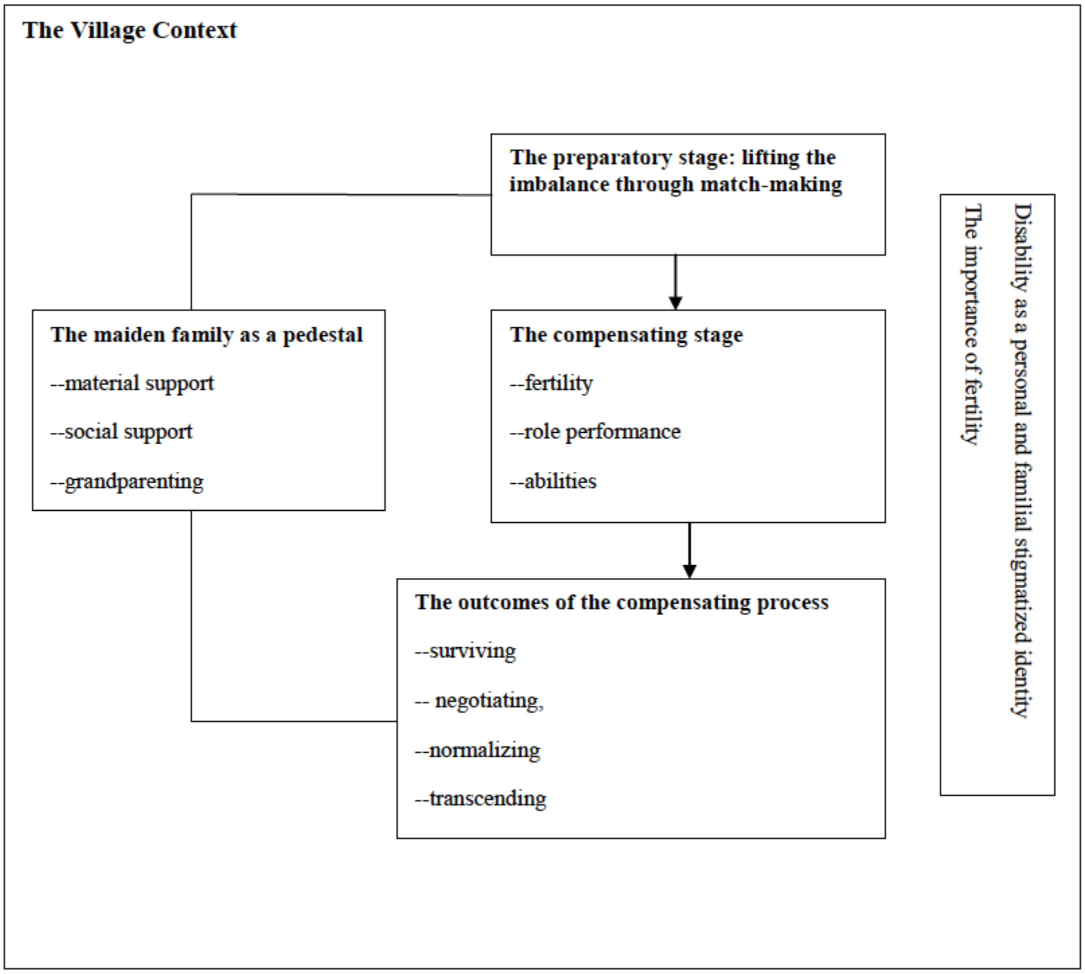

Figure 8-1 The compensating for disability identity through marriages for women in rural areas of China

The Preparatory Stage for Compensation: Lifting the Imbalance through Match-making

The Nature of Disabled Matching

As discussed in Chapter 4, the process of match-making for women with disabilities is termed disabled matching, which indicates that these women and their families choose mates with inferior economic and social status. On the surface, it seems to mirror discrimination against these women because they can only select their mates from humble backgrounds due to their disability identity. However, a further examination of the match-making nature reveals that in fact this is an active choice of women with disabilities and their families. Mates with better qualities in the perception of villagers, such as dwelling in the capital city, being quite rich and acting tactfully, are probably not favored by these women and their families. This can be demonstrated by some informants in this study who prefer mates with relatively inferior family backgrounds to those with superior ones. The underlying reason lies in the potential risk brought about by the great disparity with the mates. That is, the unequal status between the spouses tends to result in disability-related discrimination.

When selecting mates for girls with disabilities, the shortcomings of the potential mates are taken into consideration. Some negative features probably are not preferred by other non-disabled women, yet they are accepted by girls with disabilities and their families. This is probably because the mates' shortcomings can offset women's lower status resulting from their disabilities. Men's inferiority arising out of their old age, poverty, disability and other stereotyped identities, plays a vital role in raising women's lower status. In this vein, disabled matching is probably an effective way to minimize women’s inferiority stemming from their disabilities. It can put women’s status on par with their prospective mates’ and thus lay a foundation for the relatively equal family status between the couples.

The Impacts of Match-making

Disabled matching yields positive as well as negative impacts on the marital lives of women with disabilities. The positive aspect lies in the relatively equal status between women with disabilities and their husbands. It is their husbands’ weaknesses that pave a way for the feasibility of the compensating process. Husbands’ inferiority to a certain extent eliminates the possibility that women experience disability-related attack as confirmed by. One informant stated, “My husband is also disabled. How can he look down on me because of my disability? We are the same.” In addition, most women in this study have to compensate for their husbands’ inferiority in order to maintain family survival. The compensating process, in turn, creates abundant opportunities for women with disabilities to demonstrate their capacity. Women can be more competent than their husbands in terms of earning money and fighting for resources for their families. These capacities of women, in contrast with their husbands’ inferiority, improve women’s self-image, increase their confidence and strengthen the stability of their marriages. As a result, women’s husbands cherish their wives despite their disabilities because of the difficulty in seeking another partner. Husbands’ inferiority fosters their tolerance and unconditional acceptance of wives’ relatively poor role performance. The following example illustrates a husband’s satisfaction with his wife in spite of her poor cooking:

> "She cannot cook well. Sometimes there is too much water in the rice, like porridge and sometimes, the rice is half cooked. But it does not matter, if I have time to come back home, I will cook by myself; if not, I will just eat what she cooks. But it is enough that she is willing to cook for me." (Case 11)

One of the negative facets of match-making lies in further marginalization of these women's families considering the fact that their marriages in fact reinforce the spouses' inferiority. It is difficult for these families to escape from the vicious cycle of disability and poverty. When around 60% of villagers leave Bai Township to earn money by working as migrant workers, it seems unrealistic for the families of women with disabilities to choose the same way to escape from their poverty. Husbands' inferior qualities, including low-level education, old age and humbleness, prevent them from competing for jobs outside the province, sometimes even within the village. Wives' disabilities also limit their mobility and the possibility of getting employed. In this vein, it is hard for these families to benefit from urbanization and modernization. In comparison with other families in Bai Township, they are marginalized gradually in the course of the development of the rural areas.

The other negative influence of disabled matching is that such kind of marriage mode in fact cannot enrich the social support of these families. It is reported in this study that it is hard for these families to acquire supports from husbands' kinships. The relationships between relatives are indifferent and it is difficult for women's families to obtain support from their husbands' kinships after the household is split. For instance, one informant recounted how her brother-in-law took advantage of them and cheated them of the money from their wedding feast. The reason for the lack of support from the husbands' kinships probably can be attributed partially to poverty and partially to the fact that they belong to independent households and have different interest. Although the maiden families can provide material support to women with disabilities, such assistance sometimes is quite restricted as the maiden families are just as poor.

The Compensating Stage: Diminishing Disability Identity

Compensating with Fertility

Fertility plays a vital role in strengthening women's social status in the husbands' families and the village. In the beginning years of their marriages, women's family status is vulnerable due to their identities as new family members and as disabled women. Their status is unsteady until their reproduction. Moreover，the poverty of husbands' families also reinforces such unsteady family status. What is interesting is, not only do the women consider themselves vulnerable, the husbands also find themselves in an insecure position as it is not uncommon for marrying-in women to escape due to the bitter life of the poor families[1]. Thus, fertility becomes a key factor to shift women with disabilities from being outsiders to insiders of the husbands' families; at the same time, the likelihood of women escaping is greatly reduced. An informant who contracted polio provided an example of how she was accepted by the husband's family and obtained treatment after delivering her son.

> "I could not move at that time. Villagers persuaded his family not to send me to the hospital. They said that I would run away if I was cured. I did not receive any medical

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[1] For this reason, villagers sometimes name marriage and divorce as "running in" and "running away", respectively.

> treatment until I delivered my eldest son in the hospital. The doctor told my husband that I would be completely immobile if I did not receive medical operation in time. Then my husband decided to pay for the operation after I gave birth to my first son." (Case 17)

Fertility also helps to relieve women with disabilities of some of their burden in life. Considering the hardship of their mothers with disabilities, most children usually endeavor to offer a variety of help to compensate for their mothers' disabled situations. Mothers with physical disabilities reported that they obtained labor assistance from their grown-up children, which partially released them from the unbearable labor work. This can be illustrated by an informant who highlighted the importance of labor assistance from her children:

> "It was very difficult for me to do lots of works in the field because of my disability. A hired hand costs too much and my family cannot pay for it. Other non-disabled women can carry a basket of wheat but I had to split the same amount into three baskets and carry it three times. When I children grew up, they helped me with lots of labor work." (Case 8)

Similarly, mothers with other types of disabilities can also compensate for their inferiority caused by disabilities with assistance from their children in everyday life. The example of how children helped their mother with psychiatric disability when she relapsed is illustrative:

> "I collect rubbish every day and sell it to people from the city. They will come once each week, weigh the rubbish and pay me. But sometimes when I have the 'disease' and cannot count, some people give me less money. Since then my children will stay at

> home and count for me when I sell the rubbish. Without my children, I would lose a lot of money." (Case 9)

Finally, fertility provides economic security for women with disabilities in their old age. In contemporary Bai Township, there are two means of financial security for people with disabilities. The first way is to apply for the minimum living allowance from the local government on grounds of poverty and disability. However, not all the families of women with disabilities can gain the formal security from the government successfully. When failing to obtain resources from the social security system, women with disabilities have to resort to the second solution—completely depending on their children for economic security. In this vein, fertility is of significance to ensure the livelihood of women with disabilities at their old age. For instance, an informant recounted how her sons comforted her when she failed to apply for the minimum living subsistence:

> "Villagers who get the minimum living subsidy will pass by my house each month. Once they asked me to go with them. When I told them that I did not get the money, all of them felt surprised. In fact, I have applied several times but there is no response. I do not want to go and look at the officers' awful facial expressions. My sons comforted me, 'One person needs one bowl of rice for survival. You have three sons. If each shares half a bowl of rice with you, you can get one bowl and a half. Don't worry. You have more rice than others." (Case 17)

Compensating with Role Performance

Marriages designate a set of roles for women with disabilities. They are the role of daughters-in-law, the spousal role and the maternal role. By excelling, in these new roles, women with disabilities can compensate for their disability identity and achieve normalization as their non-disabled counterparts.

Generally speaking, most women with disabilities show their respect and subservience to their parents-in-law. This can balance women's disability identity and help them to obtain good reputation in the village. But whether women with disabilities can play the role of daughters-in-law is satisfactorily or not depends not just on the women themselves as this role is interrelated to the types of household as well as the sorts of women's fertility. To be specific, living with parents-in-law tends to arouse various conflicts between women with disabilities and their mothers-in-law due to trifles in the daily life. But at the same time, they can obtain pragmatic aid from parents-in-law in various domestic chores, which helps women with disabilities to reduce lots of inconvenience caused by their disabilities. As for fertility, it impacts women's relationships with their mothers-in-law in the following way: successful fertility (delivering sons) compensates for women's disability identity and harmonizes their relationships with their mothers-in-law; sonless fertility (producing only daughters) and inherited fertility (producing children with inherited disabilities) tend to highlight women's disability identity and downgrade women's family status; but worst of all, childlessness can destroy these women's gender identity and they will be perceived as family burden.

Performance in the spousal role provides another opportunity for women with disabilities to compensate not only for their disability identity, but also their husbands' inferiorities. In order to maintain family survival, women with disabilities cooperate with their husbands to manage their families. If they can discharge their duty satisfactorily, their self-image will be greatly enhanced with help from their husbands; the inconvenience, potential danger they may encounter when doing housework will also be minimized. As for the husbands, they will also be compensated in terms of their wives' younger age, virtues, family ability, capacity of managing homes and caring for other family members. In fact, when husbands reach their sixties with declining health, their wives, who are still at their middle age, can look after them. The aging husbands depend heavily on their wives for daily caring from cooking, washing to sewing in the later stage of their marital lives. A sixty-year-old woman with hereditary dwarfism whose husband is twenty years older than her offered an example of the husband's increasing dependence:

> "He is too old and cannot do any work so he stays at home every day. I need to sell toys in front of the primary school. I leave home every morning after preparing lunch and come back at around three or four o'clock in the afternoon to prepare dinner for him. Last year he fell down on the ground and I was informed by a doctor that he had a stroke. I looked after him. I was much shorter than him. He was so tall and heavy that I could not carry him. Sometimes if he could not control himself and messed his bed, I had to clean the dirty sheets and the cover of quilts in the cold winter……sometimes if I could not sleep well because of fatigue, I preferred to drink alcohol to forget myself." (Case 4)

This reveals that while women with disabilities do need help sometimes, they are, for most of the time, the caregivers. This further consolidates their gender identity and enhances their self-image as women. In addition, the bias of their dependence stemming from disability identity is gradually diminishing.

In addition to two roles mentioned above, taking the third role, the maternal role, also greatly contributes to the fulfillment of womanhood of mothers with disabilities. These women take pride in their mothering capacity, as this helps them to feel as normal as other non-disabled women. Those who can perform better than their non-disabled counterparts even have a sense of being supernormal. Motherhood consolidates the female gender identity of women with disabilities. Moreover, the majority of mothers in this study obtain psychological comfort because of the unconditional acceptance of their children despite mothers' disability identity. Indeed, family members' acceptance helps these women to transcend their disability identity. With the support of their husbands and children, women can ignore public prejudice. In the words of one informant, "I do not care about outsiders' discrimination. It is not necessary to for me face them in everyday life. I do not feel inferior as long as my husband and sons do not mind my disability."

In short, by playing the three prominent roles in the process of marital lives, women's disability identity can be compensated to some extent. Even if some women with disabilities fail to live up to the role standards and encounter discrimination, disability identity can act as a protective factor. On the one hand, family members lower their role expectations on women with disabilities and thus tolerate their poor role performance; on the other, if women with disabilities are ill-treated due to their poor role performance, multiple parties including women's maiden families, villagers, male in-laws and children endeavor to help these women, considering the vulnerability and inferiority embodied in their disability identity. The maiden families intervene directly in the spousal conflicts, villagers probably exert pressure through gossip, and male in-laws and children of these women usually take the sides of the women with disabilities unconditionally. In this vein, disability identity itself brings about a buffer which helps to compensate for women's inferiority arising from their disability identity.

Compensating with Earning Abilities

Women with disabilities demonstrate their various capacities during their marital lives. The discussion from Chapter 4 to Chapter 7 has investigated these women's abilities, such as conducting domestic chores, farming ability, being good at needle work and taking care of other family members. In this section, women's earning capacity is specially selected for further exploration in consideration of its significance in compensating for women's disability identity. In Bai Township, when children are mature enough to support the whole family, earning responsibility will shift from fathers to their adult sons. However, most families of women with disabilities encounter problems during this family transition. Age disparity between these women and their husbands results in an even greater age difference between fathers and their sons. This indicates that by the time women's aging husbands cannot earn money or earn less, their children are still teenagers who are unable to raise their families. Husbands' old age, together with low education and shrinking strength, prevents them from getting employment. One informant provided an example of the special transition occurring in the families of women with disabilities.

> "When I got married with him, he was still young and could make money by hoeing fields for others. Now he is already sixty years old and has no energy for farming. He cannot get any jobs in the village because of his old age. I have three children. Two of

> them still attend school and need money for tuition. Another girl is too young to work as a migrant worker like other girls in the village. I never feel that life is so hard. ” (Case 3)

As a result, the responsibility for sustaining the family’s survival in the majority families is shifted to wives with disabilities, if possible. In contrast with their husbands who can only find jobs requiring hard labor, women with disabilities need less investment to start a small business, such as picking up rubbish. This makes it possible for these poor families to find a way to survive after the husbands withdraw from the labor market. In this study, almost all women with physical disabilities have experience of running their own business. They play a crucial role in sustaining the families’ survival. For those who cannot run a small business like other disabled counterparts, their families probably survive only on the minimum living subsistence that women with disabilities are entitled to.

Becoming the main breadwinner of their families lay a foundation for women’s increasing family status as well as their positive self-image. Earning ability changes the public bias against these women’s dependence and incompetence. Moreover, some women with disabilities identify themselves in terms of earning capacity in comparison with other disabled counterparts. This comparison makes it possible for them to distance themselves from the disablist world and feel being normal. The following example illustrates how one informant with polio perceives herself as different from her disabled counterparts because of her earning ability:

> “You know, I was the first disabled person who ran a personal grocery in the community where I lived previously. You can ask any villager, everyone knows that……although I cannot make a great deal of money, I can support my family. I am

> not like some disabled people who survive on begging, or completely on their relatives." (Case 19)

In addition, running a business also paves a way for women's participation in public life where their abilities are compared with non-disabled people. If women with disabilities can perform better than their non-disabled counterparts, they can transcend their disability identity and have a sense of being supernormal. To illustrate, one woman with physical disability narrated her experience of wholesaling vegetables:

> "A group of women rented a small truck and we went to wholesale vegetables every morning. Wholesalers like me too much because I was confident enough to buy a lot of goods. Others bought several bundles and tried to sell them. But I usually bought a big bag. After we went back to the market, other retailers just stood by anxiously until I sold out all my vegetables. I do not feel that I am disabled. I can do better than other women even though they are not disabled." (Case 2)

Compensating with Fighting for Resources

Apart from earning ability, women's capacity in fighting for resources by negotiating with the local government officers is also vital for their families. Women's capacity of fighting for resources is chosen for further discussion in this section because when women with disabilities fight for resources for their families, they take a role in the public sphere where their disability identity has to be exposed, thus requiring them to employ strategies to manage it. Some women with disabilities in this study play the role as diplomats and negotiate in the public domain. The underlying reasons may partially be attributed the fact that most resource are related to disability benefit which only women with disabilities can claim, and partially to their husbands' subservience and incompetence in public negotiation. Four strategies are used by these women when fighting for resources: grumbling, making verbal threats, formal appeal and giving up. These strategies not only show women's ability of negotiating, but also demonstrate how they manage their disability identity in public domain to defend their dignity as human being.

Grumbling means women with disabilities complain about unfair resource distribution to the local government officers. They verify the unfairness with the examples of some non-disabled counterparts who benefit from social security. Grumbling about unfairness is a mild complaint which usually yields positive result because the local government officers try to "correct" their mistakes to avoid unnecessary trouble. For instance, an informant recounted how she challenged the local government officer:

> "Why can villagers without disability get the minimum living subsidy? Why can villagers who run restaurants on the street get the minimum living subsidy? But I, a disabled person walking on all fours[1], cannot get it?" (Case 2)

However, grumbling is not always effective and thus other more aggressive strategies will be used: e.g. making verbal threats. Women with disabilities would ask the officers to consider their resource application carefully, threatening that if they fail to obtain resources, their further action would probably affect these officers' political career. Whether verbal threatening is effective or not depends heavily on the situational interaction between women with disabilities and officers, e.g. these women's expression,

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[1] This informant walks with both hands on her ankles. That is the reason why she describes the walking gesture as "four hands and four legs".

emotions and manner of speaking. There is a potential danger that when threatening the officers verbally, they may be offended, thus yielding negative results. For example, one informant who failed to use this strategy successfully said:

> "I got angry and told the officer that I would learn from Li[1]. He threatened me, 'Do not make trouble, or I will cancel your son's allowance.'" (Case 2)

If neither grumbling about unfairness nor verbal threatening is effective, a few women with disabilities will use another strategy—formal appeal. It means that these women will complain to higher-level organizations, including city-level, provincial-level government or federations of disabled persons. However, this is usually the last resort because it is a high-risk strategy. Formal appeal probably raises barriers for future life because these women disclose the local government's poor political performance. The only informant who used this strategy described her experience of formal appeal on different levels:

> "It was useless to seek help from the local government, so I went to the federation of disabled persons on the city level. Staff welcomed me the first time and asked me to go home and wait for a result. But the local government did not solve my problem and so I went there again. One officer shouted as soon as he saw me, 'why have you come again?' Then several staff began to scold me. I stood there and had to suffer their abuse. One of them criticized me, 'It is your fault because you do not know how to manage interpersonal relationships. You need to give more lucky money when a village head holds various feasts. If you have no money, carry a hoe to help with his farming.' I started to cry when I heard his words. My god, I cannot give lucky money because I am

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[1] Li is one informant who is famous in the village for formal appeal the local government officers to higher-level organizations and receives all social security and welfare she wants.

> poor. I cannot help with farming because I am disabled. When I went back home, I really thought that the result was unacceptable. It seems useless to seek help from the federation. Later, I went directly to a provincial complaints office. The staff gave me a friendly reception, put some material into my envelope and asked me to send it back to the city-level complaints office on the same day. I got lost in the capital city because I was illiterate. When I went back home by motorbike, my husband persuaded me to give up because it was useless. But I thought this time would be better. The next day I went to the city-level complaints office…….the staff made a call to the township head and asked me to answer the phone. The head asked me to go to visit him at eight o'clock at his office on the next day and said that he would solve my problem. I went there on time with expectation. He asked me, 'Who directed you to the complaints office?' I said, 'nobody, I went there by myself.' He shouted at me immediately, 'You are so capable of 'going through the back door'. Get out and wait in the queue. You will see whether I will solve it for you or not.' I felt sulky and went to the city-level government and finally my problem was solved." (Case 1)

This lengthy quotation from the interview illustrates the hardship how women with disabilities in rural China get access to necessary resources. The process of attaining resources humiliates women with disabilities by emphasizing their disability identity. As a result, some women with disabilities choose to give up fighting for resources to avoid being belittled. It seems that giving up is a passive choice rather than a strategy employed by women with disabilities. However, women with disabilities choose to give up disability-benefit resources because they want to avoid the humiliating situations in the course of applications. From this perspective, giving up can be perceived as one strategy that women with disabilities use to protect their dignity and psychological well-being. For example, one woman with polio explained why she did not apply for the minimum living subsidy:

> “I have already applied for the minimum living subsidy three times but never got it. You know, it depends heavily on *guanxi* (relationships with the government officers). Nobody gives it to you without *guanxi*. I do not want to be humiliated. This morning, when I went to have my certification of disabled person renewed, I saw an old man being criticized and shouted at by an officer when he applied for insurance for old people. I prefer giving up the allowance to tolerating disgrace.” (Case 19)

The Maiden Family as a Pedestal: Sustainable Supports

The Maiden families are described as *houjia* (the backing home) in Bai Township. This implies that the role of the maiden families play the role as a pedestal for married women, especially for those with disabilities in need of assistance. Women with disabilities in this study expressed their strong desire to have the backing by maintaining connections with their maiden families. They obtain a variety of assistance from their maiden families, ranging from material aid to social support and to grandparenting.

Material Support

The maiden families endeavor to provide as much material assistance to their daughters with disabilities as possible. Considering the fact that the maiden families also live in poverty, it is difficult for women with disabilities to directly obtain economic support from their parents or siblings. For instance, a mother described how difficult it is to provide financial support to her daughter with disability.

> "It is difficult to make money in the village. I really do not know where I can make a coin. I can get some money from other children when they visit me. I save it and give it to my daughter. Each new spring festival when I distribute lucky money to my grandchildren, I will give more to the grandchildren whose mother are disabled." (Case 16)

Although parents living in impoverishment cannot offer financial support to their daughters with disabilities, they offer material help to their daughters' families in different ways. Material support is not necessarily in the form of money. In most situations, the maiden families tend to offer pragmatic assistance with low or without cost. For instance, one informant's father, who is already at his seventies, goes to the mountain and gathers firewood for his daughter's family every winter. Similarly, another informant recounted that her mother usually mowed pigweed for her so she could pay less to purchase pig feed. Material support that women with disabilities acquire from their maiden families can reduce the economic pressure on women's families to some degree.

Social Support

Social support from the maiden families of women with disabilities is, according to one informant, like "*having manpower in the backing home*", being able to obtain help in terms of human resources, from the maiden families. This type of social support is particular important when some family events arise, e.g. the women suffering domestic violence, holding feasts and getting involved in conflicts with other villagers.

As discussed in Chapter 6, the maiden families are sensitized to domestic violence against their daughters. Once domestic abuse happens, it is assumed that it's the women who are bullied due to their disabilities. Therefore, male members from the maiden families usually interfere in the spousal conflicts between women with disabilities and their husbands in order to compensate for these women's vulnerability. Moreover, the transparent village environment guarantees that the maiden families are informed immediately of the domestic violence. Geographical closeness and frequent visits can guarantee timely notification. The following example of an informant without the support from her maiden family can reveal the significance of this social support.

> "When in trouble, women in the village will inform their maiden families who will get even for their daughters. But when I divorced, there was nobody for me to inform because I had no maiden family. Even my only biological brother had committed suicide. I suffered humiliation during the divorcing process." (Case 1)

In addition to domestic violence, two other circumstances are reported as good opportunities to demonstrate "*having manpower in the backing home*", including holding feasts and getting involved in conflicts with other villagers. Relatives from the maiden families are usually invited to attend feasts held by the families of women with disabilities. Their attendance is not only a way of making face, but also a demonstration to other villagers the social support that women with disabilities can possibly obtain. For instance, one informant stated how her maiden family's attendance at the feast helped to improve the social status of her family.

> "After my family built a new house, we held a feast in the village and invited lots of people. Most relatives from my maiden family came to the feast. Villagers said they never knew that there were so many people in my backing home. You know, some

> villagers usually bully the weak and fear the strong. It is good for them to know that it is not easy to bully my family. (Case 9)

When getting involved in conflicts, there are two ways to solve it effectively: *youren* (having human force) and *youshi* (having political power), both of which mean the maiden families play a role in ensuring status of their daughters with disabilities not only in the private but also public domain. But for families lacking a social network, depending on oneself is the only solution, as illustrated in the ensuing example which shows the vulnerable status of disabled women's families in public when they cannot get the assistance of their maiden family:

> "Last week my neighbor pushed me on the ground. The policemen came, took photos and left. My only brother took suicide last year and there is nobody in my backing home. I can only fight with my life. Even if I were beaten to death, nobody would get even with her family." (Case 1)

Grandparenting

Apart from material and social support, grandparenting is another kind of pragmatic assistance that women with disabilities obtain from their maiden families, especially from their mothers. Generally speaking, grandparenting is always available to women with psychiatric disability and intellectual disability. Examples of women with intellectual disability mothering is almost absent from the literature and as a result, these mothers are more invisible in contrast with mothers with disabilities (Traustadóttir & Johnson, 2000). This study shows that the invisibility of these women's motherhood can be partially explained by it being replaced by grandparenting.

Daughters with psychiatric disability and intellectual disability cannot be normal adults in the perception of their mothers. They are regarded as childless, dependent and greatly reliant on care. Therefore, for these women's mothers, grandparenting is perceived as the extension of their own motherhood. Their nurturing responsibilities can only be accomplished when they successfully shift the caring duty to the grandchildren. One mother revealed the underlying reason of grandparenting as follows.

> "I have six children, four sons and two daughters, including a disabled daughter. I take care of my disabled daughter's son. There are four legs of a table. I can only repair the shortest one. When my grandson grows up, he can help me to take care of his mother." (Case 10)

This statement indicates that the function of grandparenting is to lift disability identity. Grandparenting can be regarded as parents' compensation for their daughters with disabilities. This kind of support from the maiden families is required almost throughout the women's marital lives until their parents' death. However, it is gradually shifted from the maiden families to women's married families after these women's children have grown up.

The Outcomes of the Compensating Process

Women with disabilities experience the compensatory process throughout their marital lives, the success or failure of which yields different results, including surviving, negotiating, normalizing and transcending. It is noteworthy that each type of outcome is not specific to some informants. Rather, these four results intertwine together, penetrating marital lives and varying according to women's different life stages, various situations and special life events.

Surviving

Surviving with disability is an outcome when the compensating process fails. A few women fail to compensate for their disability identity with other attributions, especially the vital items highly regarded in the village, such as fertility. It is more likely to occur to women with severe intellectual disability and childless women. Living with the mothers-in-law tends to aggravate these women's situations. In order to strive for their survival, these women need to work as assistant labor for their families and avoid depending on other family members completely. The following excerpt from the daily life observation of a childless informant with severe intellectual disability is illustrative:

> "During the process of the interview with the mother-in-law of Miss Li (the informant), Li kept doing the housework: cleaning the floor, boiling food for pigs and making a fire. She did not know how to stoke the fire. The mother-in-law directed her to put more woods into the stove frequently and urged her to prepare pig feed. The small room was full of strong smoke, which made Li get nervous. She blew the fire, which made her shed tears and she could not open her eyes. The mother-in-law began to complain about her laziness and expressed her regret for having arranged his son's marriage with an infertile woman." (Case 14)

The life quality of these women is not as high as that of other disabled counterparts who succeed in the compensating process. In this case, it seems that disability is an overwhelming identity which penetrates their other identities. They are perceived by others as genderless, roleless as well as a family burden. In other words, these women fail to compensate for their disability identity and have to remain at an extremely inferior status.

Negotiating

Negotiating represents various situations where women are required to deal with their disability identity because of barriers in the environment. These barriers can be physical and/or social, which tend to highlight women's inferiority in contrast with other non-disabled people. Therefore, women with disabilities need to negotiate with their disability identity by employing strategies. The results of negotiation, thus, have influence on how these women perceive themselves.

Women with physical disability in this study reported to have encountered difficulties in mobility because of the environmental barriers. These women need to adapt to the environment for survival. But the means that women with physical disability use to move around appear to highlight their disability identity and thus provoke a sense of humiliation. For instance, an informant expressed her embarrassment of negotiating the village setting:

> "I need to go to the mountain frequently. The slope in front of my house is so steep. Can you imagine what happens if the brake is out of control? I will fall down, be injured seriously and be teased by villager. I cannot go to the field on the mountain with the wheelchair. So, I walk with my hands on my ankles. This walking posture makes me feel inferior to non-disabled people." (Case 2)

Apart from handling the physical setting, women sometimes need to manage their disability identity cautiously when negotiating in the public due to villagers' prejudice. Inappropriate management appears to cause more stereotypes. Some women are probably regarded by villagers as taking advantage of their disability identity to apply for social welfare resources. Other negotiation may be in vain because the method they use is interpreted as symptoms resulting from their disabilities. This can be illustrated by one informant who negotiated with the local government officer by destroying the public facilities:

> "The government officers refused to give the cleaning job to me. You know, they are afraid of women with strong personality. My neighbor did not get the minimum living subsistence. She went to shout a stream of verbal abuse in front of the building of the local government. They gave it to her. So, I went to throw rubbish from all the bins and destroyed several of them in front of the local government every day for one month. But they said that I was crazy and my children were teased by classmates……" (Case 9)

This case reflects the hardship that women with disabilities have when negotiating with others, especially those with psychiatric disability or intellectual disabilities. Although the same negotiating behavior is effective if employed by non-disabled people, it does not work on these women. Their performance tends to be understood according to their disability identity. As a result, women with disabilities are trapped in a dilemma: on the one hand, they struggle to be normalized through negotiating; on the other, this negotiating process embodies a potential danger to aggravate the disability-related stigma.

Normalizing

Normalizing means that women with disabilities perceive themselves as being as normal as their non-disabled counterparts regarding various female characteristics.

These features are generally embodied in women's gender identity, such as physical appearance, fertility and the spousal love. Being treated the same as other non-disabled women can assist women with disabilities to reduce inferiority caused by their disability identity.

Normalizing is embodied in women's gender identity. That is, these women choose to identify themselves using their gender identity rather than disability identity. Women with disabilities can achieve a normalized status through two ways: distancing themselves from other disabled females and/or striving to perform as well as their non-disabled counterparts. Selecting other women with disabilities who are inferior to them, they separate from the disablist world so that they can be identified as more "normal". One informant disparaged another woman with the same disability as follows:

> "Her physical appearance is so horrible and she cannot give birth to a child……she also beats her husband in front of villagers on Sunday market……She is really not a woman." (Case 3)

The other way of attaining normalization is to perform as well as non-disabled women in the village. As one informant stated, "I do not expect myself to perform better than non-disabled women, but at least I should perform as well as they do." Indeed, the majority of women feel that they are normal in terms of numerous aspects in their daily lives. Normalizing is the maximum that these women can hope for to block negative self-image caused by their disabilities and to perceive themselves as being like non-disabled women.

Transcending

Transcending means that women with disabilities compare themselves with non-disabled people in terms of their capacities, which contributes to enhancing the positive self-image of women with disabilities. Disability is only one of women's multiple identities. Hence, it is perceived as a marginalized personal identity which has less impact on their self-image. Instead, prioritizing their strengths, rather than disability identity, can protect women's psychological well-being. As a result, women with disabilities tend to re-identify themselves on the basis of other advantages.

A range of items can be selected for comparisons with non-disabled people, such as children's filial piety and the ability of obtaining resources from the local government. Earning ability is an item of most significant importance to transcend women's disability identity. It helps these women to confirm their value as a human being because they feel more superior in comparison with other non-disabled people. This superiority can be exemplified by the following statement of a woman with inherited dwarfism who runs a small grocery.

> "I learned to make money after leaving school at the age of fifteen. I cannot make big money, such as ten thousand, but still better than other villagers. You know, an adult man can make only fifty yuan from dawn to dusk every day by hoeing corn fields for others. I can make as much as them, staying at home and selling my goods. Sometimes I can earn more if the children stay at home for holidays." (Case 6)

Transcending constructs a supernormalizing status of women with disabilities, which elevates the inferior position of these women greatly. Although transcending probably does not last throughout the women's whole life course and disability identity is still a stereotyped characteristic in the village context, the experience of transcending facilitates these women to perceive themselves more positively. Women with disabilities integrate the transcending experience, as well as the pride cultivated during the transcending period, as one crucial component of their identities.

To summarize, the four outcomes of the compensating process represent different degrees of success in the compensation process for their disability identity. However, there is no clear-cut boundary among surviving, negotiating, normalizing and transcending. Disability identity, as a stigmatized identity, is embodied in these women's multiple identities in the village environment. It can be emphasized or diminished in certain periods and situations for different women, but not totally eroded. Women with disabilities therefore have to coexist with it throughout the marital lives.

Conclusion

In this Chapter, the researcher has attempted to conceptualize the marriage of women with disabilities in rural China with a basic social process called *compensating for disability identity*. Disability is a stereotyped identity of women with disabilities and their families, which is the main concern of informants in this study. Compensating for disability identity through marriage emerges as the basic social process through which women balances the inferiority and vulnerability arising from their disabilities. Match-making paves a way for the compensating process. Then compensation can be attempted using the three aspects: fertility, role performance and abilities identified in this study. A variety of support from the maiden families of women with disabilities plays the role of a pedestal during the compensating process. The outcomes of compensating for disability identity are characterized as surviving, negotiating, normalizing and transcending. It is argued that disability is not the predominant identity that penetrates women’s other attributes. Rather, marriages cultivate multiple roles for these women. Playing these roles, successfully by using attributes like fertility, ability and other strengths, these women have a chance to lift their imbalance caused by disability identity to some extent in the village context.

Chapter 9 Integrating Compensating for Disability Identity with the Literature

Introduction

This chapter aims to place the substantive theory generated in this study, compensating for disability identity, into the discussion on disability identity in the present literature. Firstly, four models of disability identity are presented, with further elaboration on how disability is perceived in each model and how people deal with their disability identity. Secondly, voices of women with disabilities presented in the literature are investigated from the perspective of each model. Then it moves to integrate the grounded theory, i.e. compensating for disability identity, into the map of the social relations (Scott-Hill, 2004, p.89). This chapter ends with a dialogue among the functionalist perspective, symbolic interactionist perspective and the substantive theory of compensating for disability identity generated in this study.

Four Models of Disability Identity

Scott-Hill (2004) distinguishes four models of disability identity based on a historical account in disability studies over the three decades, including the deficit model, the social model, the cultural minority model and the narrative model. These models are differentiated according to four dimensions of social relations: structural, cultural, individual and collective (See Figure 9-1). Structural relations look for underlying explanatory structures that account for social patterns and tend to perceive action as a mere realization of these structures in specific situations. Cultural relations give priority to dynamics of everyday experience, improvisation, co-ordination and interaction and emphasize the interactive relations of people with their environment.

Individualist relations address "I" consciousness and personal identity whilst collectivist relations address "we" consciousness and collective identity.

Before introducing each model, one imperative point requires further clarification: the internal relationships of the four dimensions of social relations do not stand as opposite to each other. Conversely, they can penetrate mutually (Scott-Hill, 2003; Sheldon, 1999).The reason for arranging them as polarities is to highlight the different focus of each model. Three questions are investigated: 1) What is the model? 2) How is disability identity perceived in this model and 3) How do people with disabilities deal with their disability identity within this model? Particular attention is paid to literature, especially empirical studies, related to the last question.

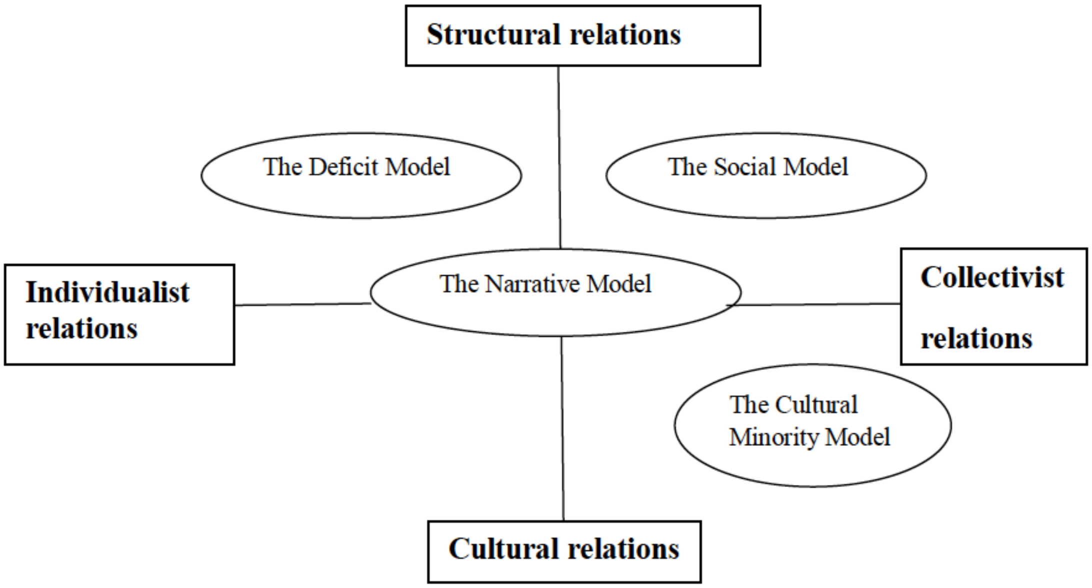

Figure 9-1 Social relations of identity (cited from Scott-Hill, 2004, p.89)

The Deficit Model

The deficit model, also known as the medical model, the biomedical model and the individual model, has its roots in the philosophy of the perfection of human being since the Enlightenment and obtains its technical support from the development of medicine (Mackeprang & Salsgiver, 2009). In this model, there are objective and standardized measures (Fowler & Wadsworth, 1991) to detect an individual's pathology, abnormality and deviance (Smart, 2009). Disability, thus, is perceived as the deficit of the body which can be eliminated with the help of appropriate medical correction (Mackelprang & Salsgiver, 1996).

Disability is viewed as a personal tragedy (Shell, 2005) and those who are unfortunately captured need medical treatment, and when cure is impossible, they have to be trained to adapt to the social arrangement (Longmore, 1987). There are two imperative consequences of viewing disability from the deficit model. People with disabilities internalize the negative stigma embodied in this model and understand themselves as a member of a devalued group irrespective of their strengths (Smart, 2006). The other impact is that the society is effectively released from all responsibility for its members with disabilities by transferring authority to the medical profession (Smart, 2009).

People with disabilities, from the perspective of the deficit model, need to negotiate their disability identity in the daily life to attain normalization. This process of striving for normalization is termed by Gerhardt (1989) as the negotiation model. Generally speaking, there are two focuses of the negotiation model in the present literature, namely, process-focus and strategy-focus. Negotiating disability identity has been described as a process full of contradictions, conflicts, complexities and struggles (Canary, 2008; Crook, Chouinard & Wilton, 2008; Low, 1996; Tauba, McLorg & Fanflik, 2004). Thus, a variety of strategies are employed in response to the complicated process. For instance, people suffering from stroke yet living a high quality of life are found to prioritize their previously favorite identity in order to maintain a sense of continuity of their lives (Clarke & Black, 2005). Sometimes the strains of the negotiating process call for more than one strategy. Crooks, et al. (2008) present a range of strategies women with chronic illness draw on: reluctantly employing some meanings associated with being disabled to achieve material ends, creating an understanding of disability that is most in keeping with one's sense of self, embracing other meanings of disabilities and rejecting disability identity.

Several studies investigate the negotiating process in the academic setting. Low (1996) lists tactics of negotiation used by university students, which encompass speaking out, increasing visibility, reasoning with others, using humor, adopting assertive or aggressive behaviors, avoiding confrontations and distancing from other students with disabilities. A similar study was also conducted on twenty-four female students with physical disabilities in the university (Tauba, et al., 2004), which further conceptualized the strategies as two contrasting categories: downplaying a disability status versus claiming a disability status. The invaluable contribution of this study is to identify the influential factors on strategies employed, including the type of stigma (discredited or discreditable),[1] the nature of the relationship with the audience (personal or formal) and the perceived reaction of the audience (accepting or questioning the legitimacy of disability). However, it is hard to tell the essential distinction of this negotiating process occurring in the academic setting from that in other contexts on the basis of the literature.

Although employing strategies to manage their disability identity can help people achieve partial normalization, this is perceived as internalizing oppression or adopting false consciousness by some disabled activists (Shakespeare & Watson, 2002). None of these strategies are seen as psychologically or socially healthy or progressive because they indicate the acceptance of the disempowering component from the external structure and culture (Shakespeare, 1996). Despite the fact that these strategies can develop a temporary or compromise identity, there is a potential danger that the psycho-emotional well-being of people with disabilities will be threatened (Thomas, 1999b). Therefore, in order to build a positive identity, people with disabilities need to abandon the negative perception of disability in the deficit model and change the lens of examining disability identity. The social model developed in UK successfully transforms the negative standpoint of disability identity rooted in the deficit model.

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[1] A discredited individual is one who shows visible signs of being different (Goffman 1963).When signs are visible, those individuals are stigmatized and discredited by others. A person with deformities from rheumatoid arthritis may immediately be discredited before others have the opportunity to learn about that individual's qualities. If the signs of the stigma are invisible to others, the individual is discreditable, but not yet discredited. A problem for this person is deciding how to deal with the information that can lead to being discredited—to tell or not to tell others about the condition (Goffman 1963). The similar research finding is also reported by Olney and Brockelman (2003).

The Social Model

The social model stemmed from the publication of *Fundamental Principles of Disability* (UPIAS, 1976) wherein people with impairments were taken as an oppressed group in society. This model was first introduced to the world at the RADAR conference in 1982 and subsequently developed in Mike Oliver's book, *Social Work with Disabled People* (1983). Since the 1990s, it has been used by many organizations and it has played an important role in disability movement to help foster a collective consciousness (Oliver, 2004). A crucial starting point for the social model is drawing a clear line between impairment and disability, with the former referring to biological dysfunction of an individual and the latter representing barriers a society imposes on its members with impairments (first published in UPIAS document and reprinted in Oliver, 1996). Dealing with disability rather than impairments, the social model unleashes a powerful force for social and political change because disability is taken as a form of social oppression and exclusion (Thomas, 2004).

Disability is attributed to a disabling society that neglects the needs of disabled people and prevents their full participation by not providing appropriate arrangement. It is the society, rather than the individual, that should take the responsibility for dealing with disability. As a result, the solution does not lie in medical thinking with impairments of the body but in systematic social changes (Hughes, 2007), and disabled people do not need to feel shameful and inferior for themselves but can express their discontent to the society (Oliver, 1996). In order to make their voice heard, they should unite together on the ground of the disabling experience and challenge limited ideologies to develop a more positive identity (Riddell & Watson, 2003). Coming out to affirm their disability identity is a vital step to moving towards a positive identity (Shakespeare, 1996; Swain & French, 2000). The affirmation literature is probably the most rapidly growing body of writing in the field of disability studies today (Darling, 2003), which has investigated this issue mainly from the psychological, social psychological and sociological perspectives.

From the psychological perspective, coming out is a way of achieving individual wholeness for people with disabilities. It consists of four types: coming to feel we belong (integrating into society); coming home (integrating with the disability community); coming together (internally integrating sameness and differentness) and coming out (integrating how we feel with how we present ourselves) (Gill, 1997). In addition, there are two theories devoted to the discussion of coming out from the social psychological perspective. Social identity theory considers dominance and oppression without accepting the assumption that the oppressed people endorse the opinions of the dominant group (Kinzel, 1996). For example, applying social identity theory to the study of adults with Down syndrome, it is reported that these people identify their own group positively (Aviram & Rosenfeld, 2002). Another research also finds that university students value their experience of disability and endeavor to construct the image of a complex individual rather than that of a stigmatized person (Olney & Brockelman, 2003). Apart from refusing to identify with the dominant group, social identity theory also explores three stages of identifying disability identity, that is, social categorization as a process of recognizing the existence of a disabled and non-disabled divide, social identification (coming-out) as a process of taking up a new identity and a social comparison with non-disabled people. In contrast to social identity theory, social constructionism emphasizes the centrality of power relations and structures in disablement. Social identity theory is criticized for their ignorance of structural influence whilst social constructionism is disapproved of due to its neglect of the engagement of people with disabilities in changing their own disability identity (Swain & Cameron, 1999).

The sociological discussion on the process of coming out owes much to Foucault. On the basis of his concepts of technologies of power, resistance and technologies of the self, coming out to affirm disability identity is interpreted as a resistance against negative effects formed by the public gaze and self-surveillance. Coming out represents a shift of discourse at different levels: 1) it is a shift from a medical discourse of diagnosis of impairments to a social discourse of the disabling barriers imposing on people with impairments; 2) it is a change from the dominant discourse of the abnormality and dependence of disability to the celebration of differences and a pride in a disabled identity (Reeve, 2002). Compared with the deficit model which treats disability as personal tragedy which is endured by its holders individually, the social model purposes to build a positive identity on the basis of the common experience of disabled people through their coming-out and to affirm a collective identity. This affirmative orientation towards disability identity has been taken further by the cultural minority model.

The Cultural Minority Model

Culture can be understood as the whole way of life of a people, as well as the collective body of arts and intellectual work within any one society, such as theatres, concert halls, art galleries and libraries (Jencks, 1993, cited in Haralambos & Holborn, 2004, pp.790-791). The dominant culture presents people with disabilities negatively. They are assumed to live pitiful and suffering lives. As Shakespeare (1994) points out, disabled people become scapegoats who symbolize all negative aspects of human existence and thus are excluded by their non-disabled counterparts. However, the segregation of people with disabilities from mainstream social life leads to a different way of being (cultures) (Scott-Hill, 2004). Unlike the social model which shifts the attribution of disability externally to the society, the cultural minority model changes its lens to examine disability identity internally and positively. Disability is not presented as something imperfect or limiting in life (Hedlund, 2009) but as only difference. For instance, deaf people who consider their deafness as a linguistic difference, rather than hearing impairment or even a disability, have self-identified as a linguistic minority and have developed a Deaf [1] culture (Darling, 2003).

Within the cultural minority model, disability identity is treated in two main ways. Firstly, it disappears because bodily difference is seen as cultural representations that are socially constructed by the normative gaze and self discipline (Scott-Hill, 2004). When disability identity is perceived as difference, rather than deviance, it will vanish with the deconstruction of so-called normative gaze, either from the clinical or from the public perspective. The second possibility is that disability identity is naturalized because it becomes the main characteristic of disability culture (Scott-Hill, 2004), which

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[1] A lower case ‘d’ represents an audiological state related to having a hearing loss and an upper case ‘D’ refers to a maker of cultural Deaf identity (Hole, 2007, 259).

is crucial for building and sustaining the disability community (Mackeprang & Salsgiver, 2009). In addition, disability art is one way of expressing disability culture within disability community. It is crucial element of the disabled people’s movement where disabled people express their views, ideas and experiences of disability. Disabled people are increasingly coming together to help each other express themselves in music, drama, poetry, forms of visual art and comedy. From this perspective, disability arts is a political as well as an artistic forum that challenges and exposes negatives of disability, combats images of passivity, dependence, discrimination and oppression and celebrates difference (Vasey, 2004, p.110). Disability pride is a positive identity which emerges from disability arts.

The political aim of the cultural minority model is concerned with the pursuit of cultural autonomy and integrity (Scott-Hill, 2004). However, Ligget (1988) points out that the cultural minority model is a double-edge sword because by employing the strategy of distinguishing people with disabilities from non-disabled people, this model is indeed involved in disciplining disability. In addition, there is a potential assumption that all the people with disabilities experience their disabilities in the same way, thus laying a foundation for constructing disability culture (Hedlund, 2009). However, this standpoint is challenged within the camp of disability studies. For instance, drawing on the life experience of African American with disabilities in Chicago, Devlieger and Albrecht (2000) argues that not all the people with disabilities have similar experience. When life means a battle for survival, disability culture means something different from that embraced by their white counterparts.

The Narrative Model

Narrative is a basic way human beings use to comprehend the world and gives it coherence (Scott & Marshall, 2009, p.498). Thomas (1999b) detects three types of narrativity relevant to disability identity[1]. Ontological narratives are relevant to how people with disabilities perceive themselves, which are produced through the interaction of the inter-subjective with social narratives of disability in time and space. Public narratives are related to disability and impairment including “personal tragedy, medical narratives about abnormality, deformity, rehabilitation and adjustment, the shame of the imperfect body, and the dependency story (Thomas, 1999b, p.50)”. Metanarratives refer to grand narratives which emphasize the disablist public narratives listed above, what it means to be impaired or to be perfect, and therefore to be accepted or to be excluded. The dominant narratives about disability are depressing and sad. Therefore, people with disabilities are encouraged to re-write and re-tell their stories. This can strengthen the counter-narrative and challenge the dominant and oppressive narratives of the deficit model (Shakespeare, 1996; Thomas, 1999b).

Changing the narrative device of telling the stories about people with disabilities can occur on different levels, and humiliated stereotypes and misery stories are shaped by structure and culture. Although the dominant narratives have strong influences on people with disabilities, individuals are not solely passive victims. They can change their stories to resist the dominant narrative. For instance, a valuable research on the

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[1] Drawing on the sociologist Somer’s (1994) analysis, Thomas’s standpoint is from the feminist materialist perspective, rather than from the poststructural or postmodernist perspective.

personal narratives of disabled female Christians in China demonstrates how receiving baptism becomes a turning point for these women to retell their stories of disability. They interpret their lives as equal and dignified regardless of their disabilities (Lin, 2009). The empirical study illustrates that fact that personal narratives can be modified according to important life events, such as taking-on a new role and believing in religion.

A positive disability identity can also be built through collective narratives. The example of a non-profit organization, *Passion Works*, illustrates its crucial role in transforming the segregation discourse of community life by performing a counter-narrative of disability (Harter, Scott, Novak, Leeman and Morris, 2006). Apart from narratives on the individual level and the collective level, it is quite useful to pay attention to the language used to describe disability since discourse is vital in shaping disability identity (Corker & French, 1999). By analyzing ancient Chinese script relevant to impairment and disability and the modern slogan *can er bu fei* (disabled but not worthless), Stone (1999) maintains that changing the discourse from *canfei* (useless and worthless) to *canji* (disability) transforms the public attitudes towards people with disabilities to a certain extent.

Narrative identity is tolerant of difference because it deploys a version of culture that addresses fluid boundaries, both between individuals and between the collective and the wider social system. When the political imperative is placed on relationships, people with impairments become who they are because of the way they are positioned in interaction with others in various contexts (Corker, 1996; Thomas, 1999a). The narrative model is favored by scholars writing from the disabled feminist perspective because of its capacity of embracing differences and transcending conventional binary thinking, such as the personal and the political, the private and the public and the structure and the agency.

In the four models discussed above, only the narrative model sheds light on the experience of women with disabilities. In other models, it seems that the experience of men with disabilities is used to represent people with disabilities as a whole (Morris, 1993). In an attempt to redress this gap, the following discussions examine the disability identity of women within each model. Although identity consists of both similarities and differences (Jenkins, 2008), the ensuing discussion is limited to their differences with men with disabilities and with non-disabled women, respectively. The reasons for emphasizing such differences include: similarities regarding disability identity between women with disabilities and their male counterparts have already been partially embodied in the above discussions; and it is difficult for women with disabilities to share commonalities with their non-disabled female counterparts because they have divergence in terms of several important aspects, such as reproductive rights, motherhood and informal care (Lloyd, 2001; Sheldon, 1999).

Voices of Women with Disabilities

Gender and disability are closely intermeshed (Thomas, 2006). The disability movement, as well as women’s movement, is criticized for ignoring the experiences of women with disabilities (Lloyd, 1992). Although people with disabilities share similar experiences of “devaluation, isolation, marginalization, and discrimination (Gerschick, 2000, p.1265)”, gendered differences appear to diverge greatly in the daily lives of women with disabilities and those of their male counterparts. Feminist disability studies has emerged partially as a result of attempts to explore gendered difference of disability and partially as a challenge to contemporary feminist theory on gender which fails to take account of disability (Meekosha, 2004). The reason that women with disabilities are neglected by the mainstream feminism (s), especially during the 1970s, probably resides in their weakness and dependence being perceived as likely to affect a strong and independent image that their non-disabled counterparts purpose to establish (Thomas, 2006). Even though there is a growing trend that disabled women are being recognizing as different within feminism, Thomas (2006) warns of the possibility of a second type of exclusion with nominal inclusion. This section attempts to investigate the voices of women with disabilities from the perspective of each model introduced in the previous section.

Women with Disabilities and the Deficit Model

According to the deficit model, a person with disability is perceived as a member of the devalued group (Smart, 2006). This also indicates that society often considers the life of a person with disability as being worth less investment (McCarthy, 1993). Women and girls with disabilities are even worse in some cultural contexts. For example, women with disabilities in Nepal were reported to experience gender discrimination regarding food, cloth, health, education and employment (Dhungana, 2006). Both the female and the disabled body are seen as deviant and inferior; both are excluded from full participation in public as well as economic life; both are defined in opposition to a valued norm which is assumed to possess natural corporeal superiority (Thomson, 1997).

As such, in the conventional disability studies, women with disabilities are usually portrayed as doubly handicapped due to their gender identity and disability identity (Deegan & Brooks, 1985; Fine & Asch, 1985; Hanna & Rogovsky, 1991). The following discussion illustrates these women's doubly "deficits" through comparing them with men with disabilities and with non-disabled women respectively.

Women with Disabilities and Men with Disabilities. Disability identity affects gender identity in the following ways: it reinforces women's image of passivity, dependence and helplessness, and it damages men's masculinity due to dependence (Gerschick, 2006). In this vein, disability identity seems to be overwhelmingly devastating its holders' gender identity. However, the gender difference occurs when gender identity is employed to compensate for people's disability identity. Specifically, cultural expectation of masculinity embraces strength, physical ability and autonomy (Morris, 1993; Fine & Asch, 1985) which sets a distinct contrast with the image of disability as weak and dependent (Shakespeare, 1994). Thus, men with disabilities are allowed to strike a balance between their masculinity and disability identity by striving to satisfy the masculine features. For instance, Wilson (2004) found that male polio survivors constructed their masculinity through the process of "fighting polio like a man (p.119)". Additionally, sports and physical activity are identified as a special setting for the construction of an alternative representation of a disabled body which emphasizes masculine quality, such as competitiveness, dominance, independence and physical prowess (Taub, Blinde & Greer, 1999). According to Riessman-Kohler (2003), even though some men fail to perform masculine roles and dislike their decreasing ability to be independent, self-sufficient and self-determining, they can still explore their sexuality and widen their definition of gender identity to more feminine and bi-sexual components.

Compared with their male counterparts, women with disabilities are probably not so fortunate. Both femininity and disability convey negative image which represents something deviant and inferior (Thomson, 1997). It seems that the congruence between women's gender identity and disability identity completely deprives them of the possibility of their mutual compensation. Feminine characteristics, such as dependence, subordination and weakness, cannot be used to balance women's disability identity because both identities are negatively stereotyped. Failing to keep a balance between their gender identity and disability identity, women appear to be trapped in an embarrassing situation: claiming their gender identity may reinforce stigmas such as dependence and vulnerability whilst escaping from their disabilities by demonstrating their independence and abilities probably spoils their gender identity. This can be illustrated by autobiographies of some women with disabilities in their pursuit for independence and productive achievement where their sense of "being not like other women" is expressed (Asch & Fine, 1997, p. 251). It is in sharp contrast to "fighting polio like a man" in Wilson's (2004) study. To escape from this confinement, some women with disabilities choose to give up all the gender-based and disability-based stigma and take pride in the identities they create (Fine & Asch, 1985).

Women with Disabilities and Non-disabled Women. For women with disabilities, attaining and maintaining traditional female roles and function is just exercising of their rights of as human being and citizens, to which they ultimately aspire

(Lloyd, 2001). However, compared with their non-disabled counterparts, women with disabilities in many social contexts are prevented from taking the conventional female roles, including being a sex partner, a wife and a mother. They are widely documented as asexual beings (Fine & Asch, 1988; Lonsdale, 1990; Milligan & Neufeldt, 2001) and thus unmarriageable (Maqbool, 2003). This myth arises partially from the public prejudice that these women with disabilities have actual or assumed sexual dysfunction, limited gratification opportunities and absent sexual needs (Milligan & Neufeld, 2001), and partially because women with disabilities seem to internalize asexual image during socialization (Welner, 1997). Being perceived as asexual being, women with disabilities are further excluded from performing the spousal and the maternal role as other non-disabled women. For instance, women with intellectual disabilities are viewed as perpetual children (Gardner, 1986) who cannot take responsibility for serious sexual relationships. As for the maternal role, motherhood is found vital for women with disabilities to claim full adult sexuality and to be visualized as gendered beings (Malacrida, 2009). Unfortunately, women with disabilities are denied the opportunity to take up this role because of the social suspicion of their nurturing ability (Shaul, Dowling & Laden, 1985). The risk discourse from professionals concerned with eugenics also reinforces this bias (Prilleltensky, 2004; Thomas, 1997a, 1997b).

In short, it seems that in the deficit model women with disabilities are doubly handicapped due to their disability identity and gender identity. However, Morris (1992, 1993,1998) expresses her uneasiness of being perceived as heavily double disadvantage. Siding with Morris's standpoint, Stuart (1993) suggest "simultaneous oppression" being a more appropriate starting point of conducting research on people with disabilities other than “doubly handicapped”. His suggestion is embraced by other scholars, such as Margaret Lloyd (1992). The interpretation of disabled women’s experience as a “simultaneous oppression” shifts the paradigm of perceiving women with disabilities from the deficit model to the social model.

Women with Disabilities and the Social Model

The growing confidence of disabled women in articulating their experience, and the increasing recognition, particularly within the male-dominated disability movement, of simultaneous oppressive experience of disability and gender, has opened up that agenda to its complexities (Lloyd, 2001). According to Finkelstein (1996), a division can be identified between those whose focus is on the removal of disabling barriers, and those whose focus is on how the disabled women subjectively experience these societal barriers, or even impairments. The latter orientation can be applied to most disabled feminists who emphasize personal experience of disability. A heated debate occurs between the social modelists (mainly represented by Vic Finkelstein and Mike Oliver) and disabled feminists who write on the ground of their personal experiences of disability and those of other women with disabilities. The distinct disagreement focuses on disability/impairment, and social barriers/personal experience. However, the critiques within disabled feminists vary in their purposes to reform or reject the social model of disability (Thomas, 2004).

Reforming the Social Model. Morris pioneers disabled feminists’ critiques against the social model and the medical model. Saying that in these models there is no space for the absent subject (Morris, 1992). Disabled feminists reveal the potential dangers of ignoring the personal experience of disability in the social model: the denial of disability as a personal experience tends to personalize the problems arising from disability, such as a sense of personal blame and responsibility (Morris, 1992); the neglect of impairment probably results in these people's sense of being self alienated from their experience and this weakens their capacity to engage in political movement (Thomas, 2001). Therefore, the social model is reformed by disabled feminists by bringing impairment back and acknowledging personal experience of impairment as well as disability. Sally French (1993) uses her personal experience of being visually impaired to illustrate that some of restrictions that she comes across would still remain even if all social barriers were removed (cited in Thomas, 2001). These restrictions are theorized by Thomas (1999a) as impairment effects which refer to "the restrictions of activity that are associated with being impaired but that are not disabilities in the social relational sense" (p.43). Based on the concept of impairment effect, together with three other themes--the political economy of disability, the psycho-emotional dimensions of disability and theorizing difference, Thomas (1999a, 2004) proposes a social relational approach in the social model. It means that "disability involves a nexus of social relationships between those designated impaired and those designated non-impaired or normal (p.41).

Rejecting the Social Model. Marian Corker and Tom Shakespeare stand against the social model by questioning its theoretical foundation. Starting from the post-structuralist perspective, they argue that the separation between impairment and disability is an outdated dualistic and binary thought embodied in the modernist orientation (Corker, 1998; Corker & Shakespeare, 2002). Post-structuralist writers who draw on Foucault and Derrida have claimed the reformulation of impairment in purely socio-cultural terms (Corker & Shakespeare, 2002). Foucauldian thinking is applied to analyze oppression that disabled people experience. It is argued that disabled people are politically passive in the face of discursive practices and other technologies of bio-power (Thomas, 2006). Drawing on the Foucauldian concepts of technologies of power, resistance and technologies of the self, Reeve (2002) illustrates how gaze and self-surveillance are powerful for describing the manner in which the bodies of disabled people are controlled and how this affects the emotional well-being of these people. On the other hand, disabled people can sometimes resist these technologies of power and transform themselves to generate different selves. However, the post-structualist feminists have to resolve the difficulties that occurs when categories such as sex/gender and impairment/disability are completely deconstructed (Thomas, 2006).

In short, laying aside the dispute between the mainstream social modelists and disabled feminists, the contribution of disabled feminists to the social model should be confirmed. They pay attention to differences associated with variable forms of impairment, as well as other multiple factors including race, gender, sexuality, age and class (Thomas, 2006). This can enrich disability studies on the theoretical dimension, and increase the possibility that more people with disabilities can participate in the disability movement when their personal experiences are fully recognized.

Women with Disabilities and the Cultural Minority Model

Minority status is useful for disability right activists seeking equality in many aspects in the society and as a political agenda (Ferri & Gergg, 1998). Is it possible for women with disabilities to be identified as a cultural minority on the ground of their similar experience deriving from their gender and disability identity? The cultural minority model is seldom applied to the investigation of women with disabilities. This probably can be attributed to the following reasons. Firstly, the disability politics embraced by feminists call for unity rather than separation. Although women with disabilities are neglected by the two movements, i.e. feminist movements and disability movement, comparing the two movements, Sheldon (1999) contends that the disability movement has been more inclusive of disabled women than women's movement because of the distinct differences between the mainstream feminism and women with disabilities regarding reproductive freedom and community care. As a result, disabled feminist researchers deal with the orientation cautiously by asserting that gender and disability is a many faceted issue which is not solely about women with disabilities (Morris, 1998). When disabled feminists discuss the experience of women with disabilities, they always consider its relation to people with disabilities as a whole (Morris, 1993, 1998; Thomas, 1999b, 2004). Morris (1992) also suggests that the non-disabled are crucial allies in the creation of emanicipatory research. Non-disabled researchers should reflect their discrimination against people with disabilities and empower these people through their research.

Secondly, the cultural minority model is inconsistent with disabled feminists' assertions. In this model, disability is not a private concern because it is defined as a social and political construction (Smart, 2009, p.73). This has internal conflict with disabled feminists' standpoints: impairment is a personal experience (Thomas, 2001) and impairment effect cannot disappear even though the discourse of disability has been deconstructed. As explored in the section of *The Cultural Minority Model*, Ligget (1988) warns the double-edge of using this model. His concern is also supported by other scholars. For instance, Lloyd (2001) disagrees with this separatism and perceives it as a dangerous path for women with disabilities who should prize the strength of interdependence. Additionally, Takala (2009) warns about the pros and cons that when fighting for the political agendas of oppressed groups, we should be mindful that there comes a time when setting "us" against "them" becomes self-defeating. To mediate this dilemma of announcing oneself to be the cultural minority group and seeking for allies, Ferri and Gergg (1998) recommend that researchers must continue to explore ways in which silenced groups can claim a central rather than marginal position in the production of knowledge, while at the same time calling into question the very categories of margin and center.

Women with Disabilities and the Narrative Model

As shown in Figure 9-1, the narrative model is situated in the midst of the figure, which indicates that this model is flexible enough to take account of the structural, the cultural, the individual and the collective relations. Narratives can reflect the impacts of the mainstream society on women with disabilities. They are probably influenced by women's multiple identities in terms of their gender, race, religion, class and disability, among which gender and disability are considered in the following discussion. In addition to the structural effect from the mainstream society, narratives can mirror agency's struggling and resistance in the individual form and/or collective form.

Narratives on the Individual Level. On the personal level, narratives can mirror the struggling experience of women with disabilities and/or facilitate them to resist or transform the disability identity. Despite occurring on the individual level, these personal experiences indeed influence and are influenced by the structural and cultural factor. For example, Kent (2002), a mother with visual disability[1], narrates her experiences with pregnancy, giving birthing and raising her daughter. Despite the public suspicion of her capacity as a qualified mother, she performs the maternal role well and her identity changes positively due to her becoming a mother and building social networks with other mothers with visual disability. Kent's narrative encapsulates her personal struggling against the public prejudice and personal transformation through living up to the maternal role. In addition, Watson (2002) found that some people treat impairments as part of the everyday experience. It is normal for them to have impairment. It has become part of their being, their ontological existence, and their identities are self-constructed in such a way as to negate impairment as an identifier. Despite this being acted at an individual level, the agency demonstrated in this action is a very political action, in that they reject identities others may wish to enforce on them. According to Watson (2002), this agency is partially achieved through constructing a narrative identity which allows for a separation of body image and self-identity.

Narratives on the Collective Level. On her narrative-based research with disabled women, Thomas (1999a, 2001) found that women with disabilities tell their

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[1] Kent's story is chosen intentionally because samples of women with visual disability are missing in the present study. Her narratives indicate similarities sharing with mothers with other types of disabilities.

stories with reference to the gender norms which make up their social worlds. That is, women with disabilities construct their narratives in terms of public discourses about womanhood. The narratives of women with disabilities can draw on their gender identity, as well as disability identity and other identities. Employing the post-structural narrative analysis, Hole (2007) identified four kinds of narrative telling from three deaf women's life stories: discourses of normalcy, discourses of difference, discourses of passing, and Deaf cultural discourses. He reveals that these identity discourses coexist when these women construct their identity. To sustain their survival, women with disabilities need to reconstruct their self identity. For instance, Thomas reveals that her ontological narrative has been retold in and through public narratives associated with the disabled people's movement (Thomas, 1999b). It is the same for another disabled feminist, Liz Crow, who announces that her life has been divided as before and after the social model (Crow, 1996). Counter-narratives against the prevailing narratives against people with disabilities are encouraged to empower the oppressed groups (hooks, 1984). Narratives based on the collective identity are perceived as more powerful and effective to achieve the liberation.

Where is the Place of Compensating for Disability Identity?

Based on the analysis of theoretical and practical research of women with disabilities in the present literature, this section attempts to add the substantive theory, i.e., compensating for disability identity, as a piece of jigsaw to the map of social relations of identity shown in Figure 9-1. It is positioned as the following Figure (see Figure 9-2):

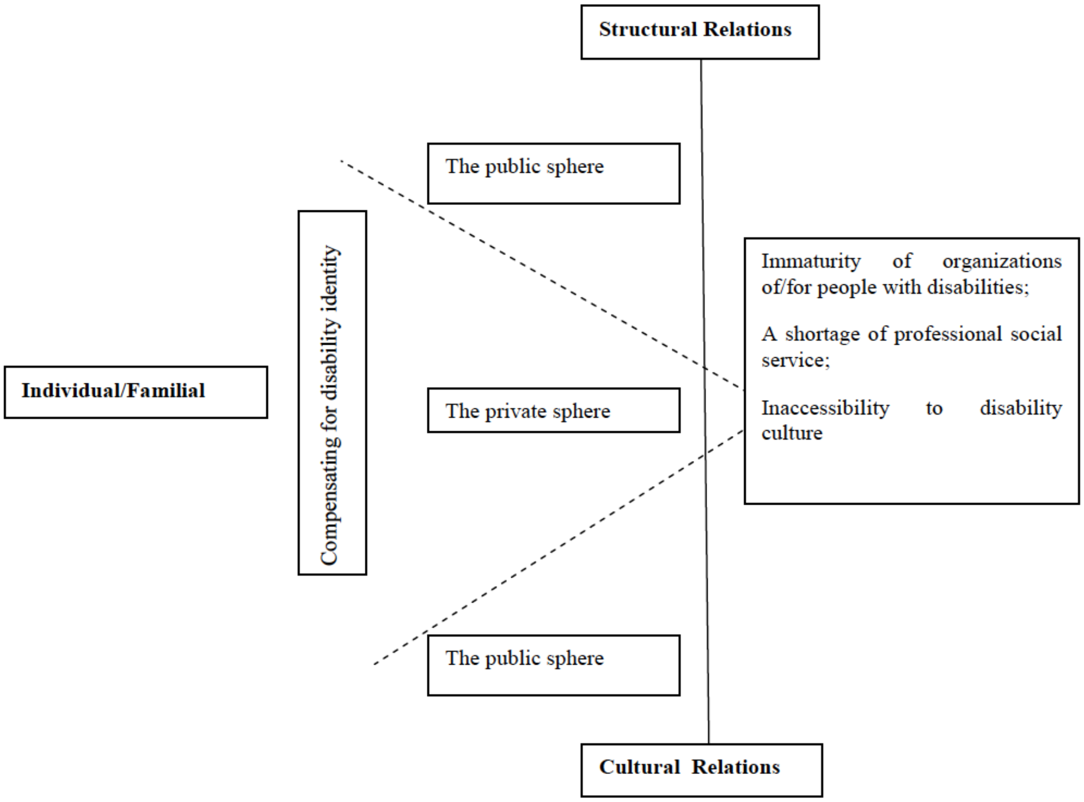

Figure 9-2 Depositing compensating for disability identity in the map of social relations of disability identity
NOTE: -- The dotted line indicates the possibility of penetration

The Missing Collective Dimension

Contrary to figure 9-1, for women with disabilities in this study, the collective domain in compensating for disability identity is almost missing and this implies that there is almost no collective identity shared by them in rural China. Each woman endures her disability on her own and is usually separated from her rural counterparts. In fact failing to coalesce into a collective identity is also found in western studies but the reasons have been explained in quite different ways. For instance, Taub et al. (2004) attributes it to external factor of lacking a platform for women with disabilities to share their experience whilst Watson (2002) argues that people with disabilities identify themselves individually rather than collectively as an active choice because they recognize the impossibility of obtaining a positive social status of disability in the contemporary society. These two empirical studies were conducted in the urban context of developed countries where people with disabilities have access to disability organizations and have knowledge of disability movement. This study attempts to explain why there is not a collective identity of disability in certain social context like rural areas of China and suggests three reasons. They include the immaturity of organizations of/for people with disabilities in rural areas, a shortage of professional service and inaccessibility to disability culture, which advocates equal rights for people with disabilities and emphasizes the responsibility of the society to remove barriers that prevents the self-fulfillment of people with disabilities.

Immaturity of organizations of/for people with disabilities in China is the first reason leading to the missing collective domain. China Disabled Persons' Federation (CDPF) is a unified organization of/for 83 million persons with various categories of disabilities in China (CDPF, 2011). Although CDPF acts in providing comprehensive and effective services to its members, the present working manner makes it impossible to cultivate a collective identity for all the people with disabilities, especially for those who reside in rural areas. The top-down working way of CDPF sometimes leaves the voice of its members unheard. Self-organizations initiated by people with disabilities themselves probably are more effective in constructing a social identity on the ground of their common experience of disability. However, these organizations encounter difficulties in its establishment and sustainability in China.[1] In a word, the lack of organizational conditions prohibits the formation of a collective identity for people with disabilities in rural China.

A shortage of social services is also attributed to the missing collective dimension. Projects relevant to people with disabilities implemented in rural China, such as community-based rehabilitation, mainly focus on the primary health care on a heavily medical slant (Chi & Huang, 1999). Thus, raising consciousness of equal rights is not given any attention by these projects. This consciousness-raising probably can be achieved through professional social work[2] which is devoted to empowering the oppressed groups. However, although social work in China started to boom in 2008 when the professional identification was first established on the national level and it has gained rapid development since then, it is concentrated mainly in the big cities. Rural social work is still in its infant and exploratory stage. Certain invaluable exploration of social work service conducted in rural China, such as the practice model of capacity and assets building (Zhang, Yang & Gu, 2008), probably can provide an insight on how to activate a collective identity of people with disabilities.

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[1] Barriers of establishing non-government organizations has been widely discussed by scholars in mainland China, for further discussion, please see Li (2011) and Zhao (2010).

[2] Social work in China consists of non-professional social work or administrative social work and professional social work. The former refers to social welfare service provided mainly by the government and the latter means that social service is provided by social workers with professional training (Wang, 1995). How to deal with the relationship between the two kinds of social work is the main concern of professionalization in China.

In rural China, the TV programmes are the only channel to obtain information from the outside world because of the inaccessibility to internet. Thus it is a pivotal way to change villagers' negative attitudes towards people with disabilities. There are two contrasting attitudes usually adopted by the media: on the one hand, heroic deeds of persons with disabilities are broadcasted as role models to encourage independence and optimism, which is consistent with the modern slogan *can er bu fei* (disabled but not worthless). This tendency indeed reinforces personal responsibility for disability and promotes personal struggling against disability. Failing to perform as well as their disabled counterparts tends to frustrate some people with disabilities and increase their helplessness. On the other hand, some miserable stories of people with disabilities are played on the TV, aiming at arousing public sympathy in order to attract charitable donation.[1] Although donation can temporarily help to solve problems that people with disabilities encounter, in the long run, it is difficult to improve their quality of life. In addition, people's sympathetic attitude in its nature is a discrimination based the concept that people with disabilities are second class citizens (Thomas, 2006).

The Extension of Individual/Familial Dimension

The slogan "personal is political" advocated by disabled feminists can be revised as "personal is familial" in rural areas of China. As discussed in Chapter 3, disability is

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[1] This statement is based on one case in the present study. A husband carried his wife with physical disability wherever she went. After the couple's story was reported by a journalist, they obtained a donation from warm-hearted audience, including a wheelchair and around two thousand RMB. The couple felt extremely happy and drank to celebrate. Unfortunately, the wife died in the next morning because of overdrinking.

taken as a personal tragedy as well as a family disaster. Disability identity is a personal and a familial stigma. Women with disabilities and their families are identified by villagers in terms of their disability identity. Moreover, these women's family members are also influenced by the stereotyped identity. For instance, the women's male siblings' marriages are impacted and these women's children are probably teased by peers at school. Considering the fact that women with disabilities and their family members suffer from discrimination and marginalization as units, the original individual dimension in Figure 9-1 has been extended to individual/familial dimension with the consideration of the negative influence of women's disability identity on their families.

Moreover, the long-time differentiated social security system between urban and rural China leaves the majority of people with disabilities depending on their families for providing necessary material guarantee.[1] For people with disabilities in rural China, their families act as the main caregivers. The responsibility of caring for girls/women with disabilities shifts within families, from the maiden families to these women's married families and finally to their children's families. The support from social security plays a minor role in compensating for these families' impoverished situation. The caring responsibility for its members with disabilities is internalized by these families.

In addition to disability as a family stigma and caring responsibility shifting within families, the compensating process is also a personal as well as familial endeavor. When disability becomes a family concern, other family members inevitably participate in this compensating process. Firstly, other family members support women with

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[1] For further discussion on the urban-rural social security system, please refer to Wang (2003).

disabilities in making compensation. Women obtain support, such as material support for daily necessities, grandparenting the children, and protection from domestic violence, from their maiden families to balance their inferiorities arising from their disabilities. They also work with their husbands to sustain the family survival. Husbands' assistance balances their wives' inconvenience in the way of minimizing risks and disadvantages caused by the women's disabilities, such as assisted parenting and rearranging domestic affairs. Secondly, some family members also make compensation to repair the family fame. Some children usually discipline themselves at school and behave well in the public in order to balance family reputation. Some families of women with disabilities save money to build new houses with the purpose of lifting their inferior family status. Seen in this light, the compensating process is in fact a family endeavor.

The Public-private Split

The public-private split does not exist in Figure 9-1 probably because of the following reasons: in the medical model, persons with disabilities are perceived as complete victims of the dominant medical model in the public domain and thus the private domain is vanished; in the social model and cultural model, affirming positive disability identity collectively should be achieved in the public domain and therefore the private and public spheres are merged together; and in the narrative model, the dualist public-private division has been challenged on the basis of the postmodernist and poststructuralist perspectives. In this study, the public-private split does exist and the reasons of its existence can be analyzed from the structural and cultural perspectives.

The mode of production has a vital impact on disabled members in a given society (Oliver, 1990). With the development of urbanization and modernization, structural barriers on women with disabilities are more distinct in comparison with non-disabled women. Women with disabilities in rural areas are almost excluded from the economic life due to their poor education and disabilities. While the majority of non-disabled villagers can *da gong* (work as migrant workers) in the cities, women with disabilities are confined to rural areas due to their illiteracy, restricted mobility and suspected capacity of being independent and productive. As discussed in Chapter 8, even for those women who are self-employed, there is a great deal of difficulties impinging on them. As a result, women with disabilities are excluded from the market economy where labor is highly demanded and they are detained mainly in private domain and the rural areas.

Cultural prejudice on gender and disability also plays a role in splitting the public-private area. Traditional role expectations on women are mainly caregivers and managers at home and these roles confine them to the private sphere whilst it is the husbands' responsibility to deal with the public affairs. Negative cultural bias on women with disabilities as weak, dependent and vulnerable further limits them mainly to the private domain. It is worse for women with intellectual disabilities and psychiatric disability because their disabilities are perceived as family shame. They are required to reduce visibility in the public to protect personal and family reputation. There are little opportunities for women in Bai Township to participate in the public activities. Various feasts seem to be the most important public life in the village. However, it is also an arena where women with disabilities suffer the most apparent discrimination. They are excluded from not invited to attend the feasts because they are assumed to make less or no contribution. A sense of being inferior as a person with disability is gradually reinforced through daily interaction with villagers. This leads to these women's withdrawal from the public area to protect their personal psychological well-being and familial fame.

Despite the exclusion imposed by on women with disabilities, they are not victims who completely internalize the structural and cultural discrimination. Rather, the public-private split is also a deliberate choice to protect their self dignity and family reputation. The contemporary social security distribution encapsulates a potential damage to the dignity of people with disabilities. Therefore, the majority of these women prefer to depend on their families, rather than the external resources, to survive, especially when the application procedure is expected to humiliate them. When women with disabilities have to negotiate with the government officers for disability-relevant resource application, they employ strategies to manage their disability identity deliberately to prevent further discrimination as troubly villagers. In addition, being fully aware of discrimination at the feast, many women with disabilities choose not to attend it in order to avoid being gossiped about. In this vein, withdrawing from the public domain and remaining in the domestic domain are the choice of many women with disabilities in order to preserve their dignity.

To summarize, the public-private split is a mutual interaction between the structural and cultural discrimination and the choice of women with disabilities. When the force of structural and cultural barriers is more durable and powerful, women with disabilities perform an active role in shaping the public-private splitting to create a probably safer and more comfortable space for their survival, physically as well as psychologically, in the private domain.

The Domestic Area as a Compensating Realm

The private domain fosters numerous opportunities for women to make compensations for their disability identity, from fertility to role performance, through ability demonstration to relationship cultivation, to trivial management. The majority of women's family status has been enhanced gradually during their marital lives. This tendency is more distinct when aging husbands become dependent on their wives with disabilities in the daily life, and when adult children turn in their salary to mothers for managing the home. Women with disabilities, thus, identify themselves with other identities, as a mother, a wife, a family manager or a breadwinner, rather than with their disability identity. In addition, the attitudes of the significant others towards disability seem more vital for these women. That is, if their husbands and children do not discriminate against them, there are more possibilities for these women to identify themselves using other positive identities.

The private domain provides a more supportive and tolerant atmosphere for women with disabilities. Role expectations will be lowered and necessary support is arranged to help women with disabilities if their roles are unfulfilled. These supports can come from the maiden families, women's husbands, their children and sometimes villagers. Domestic violence occurs less often than reported in the literature and women with disabilities are found to be not as passive victims when domestic violence happens.

This probably can imply that the private domain does not necessarily duplicate the negative force embedded in the structure and culture. It is argued in this study that when husbands of women with disabilities are inferior groups in the village, it is hard for them to share privileges embodied in a male-dominant society. Their inferiorities and women's disabilities create the possibility for structural oppressions to be undone in the private domain. This makes the private sphere a place which balances the family status of women with disabilities.

Although the public force arising from the structure and culture is influential, the private domain also has its capacity to resist negative and damaging force imposed on families. In this vein, the domestic domain is not just a marginalized space. It is constructed not only by the structure and culture but also by women with disabilities and their families in the course of striving for survival. When the structural and cultural exclusion pushes women with disabilities and their families to the periphery, these families build their surviving place on the margin where the mainstream oppression and discourse can be relatively loose. It seems that women with disabilities in the compensating process can cultivate a series of positive identities, minimize their disability identity and complete their womanhood in the domestic domain.

Women's transformation in the private domain can penetrate the public domain and gradually influence villagers' attitudes towards people with disabilities. Despite their impacts on the structure still being limited because their resistance still remains on the personal and familial levels, their influence on the cultural representation, at least in their living environment, cannot be denied. Performing multiple roles in the private domain, women with disabilities challenge public prejudice against them regarding motherhood, ability and independence. The majority of women can play complete motherhood without external assistance. Some of them even nurture their children better than their non-disabled counterparts. This highlights their femininity and ability and thus improves women's self-esteem. Although they cannot completely escape from their disability identity, villagers perceive these mothers with disabilities in quite different ways. Women's abilities are demonstrated in their marital lives through managing home and making contribution to their families. For instance, working as assistant labor in the field and becoming the main breadwinner of the family challenge the public bias which regards women with disabilities as a family burden. Indeed, through marriage the majority of women with disabilities can change the negative image as parasite in the maiden families into someone who is independent, productive, worthy and dignified.

To paraphrase Dossa (2006) who conducts narrative inquiry on an immigrant Muslim woman, "The private (margins) are not only territorial, they are sites of practice for women with disabilities to make a just world" (page 345). The private sphere is real for women to compensate and transform. As one informant in this study declares, "I do not expect that I can do better than other women without disabilities, but at least, I can be as well as them". (Case 6) Being like other non-disabled women is what women with disabilities in rural areas pursue in their families and achieve in the private sphere. There are two vital points worth being clarified before ending the discussion of this section. Firstly, although the private domain, as a marginalized place, cultivates a more protective environment for women in this study to compensate for their disability identity, there is a pivotal danger embedded in the margin. That is, women with disabilities and their families tend to be further marginalized during the development of contemporary China. The exclusion and marginalization shift from the individual to the family. Secondly, the possibility that women in this study can compensate for their disability identity through their marriages does not mean they have better situation than their West counterparts who are deprived of taking the conventional female roles. Indeed, both suffer from oppressions embodied in their social contexts. Women with disabilities in the western are victims of aesthetic oppression arising from the ocularcentrism of modernity (Hughes, 1999) whilst informants in this study suffer from the oppression deriving from the patriarchy society where fertility becomes the precondition of women’s survival.

Dialogue with Selected Theories

Among a wide variety of sociological theories, the functionalist and symbolic interactionist perspectives are selected to dialogue with the substantive theory generated in this study. The reason of choosing the two theories resides in their theoretical relevance of how disability is perceived and how people with disabilities deal with their disability identity in this study. Specifically, these two theories contribute to explaining the mechanism of disability identity theoretically. In comparison, the substantive theory generated empirically in this study reveals how it conceptualizes the development and interpretation of the identity of married women with disabilities through in the context of rural China, and it shares some similarities of, but is also essentially different from, these two theories.

The Functionalist Perspective and Compensating for Disability Identity

Most sociological writings on disability with a functionalist perspective are rooted in the work of Parsons and his analysis of sickness related behaviors. The Parsonian paradigm can be seen as being responsible for two distinct approaches which affect all subsequent analysis: the relevance of the ‘sick role’ in relation to disability and its association with social deviance, and the notion of health as adaptation (Bury, 1982). Specifically, health is defined as the ‘normal’ and stable state that strengthens a person’s role performance, whereas illness is troublesome because it renders a person unproductive and dependent. As a result, people with illnesses and diseases are encouraged to adopt the ‘sick role’ and they are expected to receive assistance from professional medical experts in order to regain their previous normal roles and social status (Parsons, 1951). In this study, women with disabilities had to accept their ‘sick role’ and deviant status and this was evidenced in the match-making process in which women with disabilities and their parents preferred candidates of inferior status (e.g. much older in age and /or poor financial background) but with good character (so that he would take care of and not abuse the disabled wife). From this perspective, the ‘sick role’ and deviant status initiated by Parson do become the part of internalized identity of women under study, and this identity carries negative social attributes including dependence, undesirability and incapability in rural China.

There are three assumptions of the functionalist perspective: acute diseases and illnesses, available professional treatment and the legitimacy of temporary relief of social roles due to acute diseases and illnesses. However, the substantive theory generated in this study does not support the above assumptions. Firstly, women under study have permanent disabilities and there is rare chance that medical treatment could cure them so they may regain the ‘normal’ social role and status. Thus, these women carry the sick role and deviant status throughout their whole life. No matter how hard they try to achieve “normal” functioning, they can only achieve partial normalization. Secondly, in the context of rural China where there is short of medical and rehabilitation services, it seems unrealistic for women with disabilities to count on the help of professionals to reintegrate into the society. Instead of indulging in the sick role, many of these women have explored and developed for themselves different roles so that they can become constructive forces of the family and community. Their husbands and members of the married family also supported them in their effort to reintegrate into community life. Finally, in Parson’s model, once diagnosed as ill by the doctor, individuals are relieved of their ‘normal’ social role requirements without being accused. Conversely, women with disabilities in rural China tend to become ‘roleless’ once being identified as disabled and this lead to identity crisis and being stigmatized. Most of them have no or very little education. The chances for them to work or being employed are low. Within the traditional rural community, there is also no place for a grown-up daughter in the family. As a result, it is critical to seek new roles for these women to redefine their identity. Marriage, in which these women can develop new roles as wife, mother, daughter-in-law, and even as breadwinner, becomes the choice of them and their families. With these different roles, they can transform their social status.

In summary, from the functionalist perspective, people with disabilities are passive in accepting the sick role and deviant social status, and they depend completely on professionals to compensate for their inferiorities through rehabilitation and recovery. Whereas in this study, although women with disabilities have to accept their sick role and deviant status, they actively compensate for their disability identity through reproduction and taking multiple roles in their marital and family lives.

The Symbolic Interationist Perspective and Compensating for Disability Identity

Dissatisfaction with functionalist theorizing especially its focus on individuals being fitted into fixed social roles, approaches that investigated the links between individual attitudes (meaning) and action attracted growing interest (Barnes & Mercer, 2010). The symbolic interactionist perspective represents one of these attempts that shift sociological attention to social interaction and how people make sense of their daily life (Blumer, 1969). The analysis of social reaction towards people with disabilities became central for sociologists working within the traditions of symbolic interactionism during the 1960s, with its focus on the process of labeling (Barnes & Oliver, 1993). Unlike the functionalist perspective which perceives that social deviance is embodied in diseases and illnesses, symbolic interactionist perspective takes deviance as the consequence of successful application of a label (Becker, 1963). In this study, women have been labeled as ‘disabled’ formally and informally. In order to obtain disability-benefits and resources, these women usually choose to being identified as disabled by the local federation of disabled people. Additionally, daily interaction with non-disabled people also reinforces the inferior status of women with disabilities.

The labeling process emphasizes on how the disabled label being attached to people with disabilities successfully. However, people with disabilities are not passive beings. They are active in constructing and creating meanings of their identities in the everyday world. Therefore, a typical question, “How do individuals come to see themselves as disabled?" has been explored from the symbolic interactionist perspective (Liggett, 1988). In this study, women with disabilities develop self-concept and identity through the process of role-taking, and meanings emerge in the process of their interaction with other people and the environment. So meanings of their identity are not simply determined by their disability labels (Haralambos & Holborn, 2004). They take multiple roles in their marriage, and reconstruct their identities as daughter-in-law, mother and wife. Their inferior status is compensated through fertility and role taking. For some of them, positive self image has been built up through role performance and demonstration of abilities. The grounded theory in this study further shows that the frequency of interpersonal interaction in daily life and the people women with disabilities interact with have great impact on how they perceive themselves as disabled, or not quite disabled.

How people with disabilities manage their disability identity during interaction with other people also attracts the attention of social interationists. Goffman distinguishes between the 'discredited', those with a visible stigma, and the 'discreditable', those with differentness not immediately identifiable. His interest lies in the individual attempt to control interaction and the presentation of self (Goffman, 1973). For those with a visible stigma, the problem is how to manage the tension involved in social encounters and recover their status and identity. In comparison, 'discreditable' individuals are preoccupied with concealment that can help them pass as normal. However, the substantive theory reveals that it is impossible to disguise disability identity due to the transparent environment of the village. The only purpose of managing disability identity is to reduce the negative influence of it on these women and their family members. As a result, women in this study do not need to struggle with concealing their disability identity; rather, their endeavor is to compensate for it and become as normal as other non-disabled women.

In conclusion, although a few women with disabilities achieved supernormal or normal status through compensation in this study, it was still difficult for most of them to challenge prejudice against them that was rooted in the social structure. In many cases the achievement of a positive identity was made through compensatory acts of giving birth, especially sons, and fulfilling the roles of being a good mother, wife and daughter-in-law. Obviously these reflected gender-biased expectations on women and can be considered as another structural oppression embodied in the village culture. That is, fertility and the fulfillment of normal social role expectation on women were the prerequisites of their well-being. From this perspective, even though women with disabilities can achieve normalization to a certain extent in their marital lives and compensate for their disability identity in daily interaction, it is not a real way out to balance these women’s inferiority. To empower women with disabilities, their disability identity should be redefined positively and collectively. More importantly, simultaneous oppression on these women arising from disability and gender should be challenged and changed fundamentally.

Conclusion

Beginning with the prevalent discussion on disability identity in terms of four models, the deficit model, the social model, the cultural minority model and the narrative model, this chapter examines how disability is interpreted, how people with disabilities are perceived, and how disability identity is solved from the perspective of each model. Empirical research on how people deal with their disability identity is presented. To emphasize the voices of women with disabilities, studies based on their experience of disability are examined within each model. The researcher has attempted to position compensating for disability identity in the framework of four models of disability identity. Although women in rural areas of China obtain opportunities to compensate for their disability identity through marriages in the private domain, it also embodies a potential risk for the families of these women to be further marginalized. Finally, functionalism and symbolic interactionism are selected to dialogue with the grounded theory generated in this study.

It is not easy to compare oppressions experienced by women with disabilities in rural China and their western counterparts because of different culture and social structure. However, it is noteworthy that the combination of disabled body and female body does make these women's experience unique, which is quite different from their male counterparts and non-disabled women. It is highly recommended that future studies shed light on the experience of men with disabilities and non-disabled women in the rural context with the purpose of further generalization of the substantive theory by making constant comparisons.

Chapter 10 Implications for Social Work Practice and Recommendations for Future Research

Introduction

Based on two perspectives very popular in social work practice, the problem-focus perspective and the strength perspective, a new practice model, the barrier-removing model, is proposed for social work service with women with disabilities in rural China. In the chapter, a series of steps involved in this new model will be suggested: observation of clients' problem-solving process, plan making and implementation, termination and evaluation, then followed by a discussion on how this model can be applied to women like the informants. Additionally, the professional identity of social work targeting women with disabilities is explored. The rest of this chapter deals with research limitations of this study and needs for further research related to this study.

Two Perspectives of Social Work Practice

The Problem-focus Perspective

The problem-focus perspective has a long history in social work practice. It can be traced back to the professional service provided by the Charity Organization Societies. During its process of professionalization, this tendency has been further consolidated when social work embraces psychoanalytic theory which focuses on clients' pathology and problems (McMillen, Morris & Sherraden, 2004). Social work has long been portrayed as a profession which works with the problem-focus perspective which assumes that clients have insufficient knowledge or skills and thus need to be remedied (Greene & Lee, 2011). According to Saleebey (2009), there are five assumptions and consequences of social work practice underlying the problem perspective, namely, stigmatized clients, the sway of professional cynicism, the language of pessimism and doubt, the hierarchical professional relationships, the ignorance of context and the solution of remedies. The problem-focus perspective which focuses on clients' problems has been criticized for its emphasis on clients' weakness and disadvantages. This tends to result in clients' helplessness, dependence and incompetence (McMillen, et al., 2004; Saleebey, 1996).

The problem-focus perspective can be detected in the majority of studies on people with disabilities in China. Problems on the structural and individual level are reported in these studies. On the structural level, researchers have shed lights on numerous social problems confronted by people with disabilities regarding education, employment, participation, rehabilitation and social security (Song & Liang, 2008; Zheng, 2007; Zhou, 2011). Since these problems are encapsulated in the social structure, scholars resort to policy proposals to solve these problems (Han, 2011; Sheng, 2008; Xu, Wang & Zhang, 2006). On the individual level, some scholars and practitioners analyze the psychological characteristics of people with disabilities. For instance, Guo (1996) lists several psychological disorders when people become disabled, including inferiority, hostility, isolation, guilty and bad temper. The problem-focus perspective is also adopted by service providers. The president of Shenzhen Federation of Disabled People states psychological features of people with disabilities as follows: 1) they are facing dilemmas: on the one hand, they have a strong desire for social participation; on the other, the sense of inferiority and fear prevents them from the participation; 2) the pessimistic attitudes of people with disabilities affect their self actualization; 3) some people with disabilities are narrow-minded (Zhao, 1996). Such problematic discourse as presented above, implies a potential danger. That is, it further labels people with disabilities as psychological deficits. Such discourse plays a role in reinforcing the stereotypes embodied in the dominant discourse against people with disabilities.

The Strength Perspective

Strength perspective is described as "a dramatic departure from conventional social work practice" (Saleebey, 2009, p.1). It is gradually popularized by Dennis Saleebey's edited collection of reading, *The Strengths Perspective in Social Work Practice* (1992; 2nd ed., 1997, 3rd, ed., 2002; 4th, ed., 2005; 5th ed., 2009). Strength perspective attempts to shift the focus from clients' problems to their strengths (talents, knowledge, capacities, and resources) in the service of achieving clients' goals and improving their life quality (Saleebey, 1997). The fundamental hypothesis is that clients can do better with the help of identifying, recognizing, and using the strengths coming from both internal resources (in themselves) and external resources (in the environment) (Graybeal, 2001). Empowerment is one of crucial elements of strength perspective. There are five necessary ideas of empowerment: collaborative partnerships with clients and constituents; emphasis on the expansion of client strengths and capacities; focus on both the individual or family and the environment; assuming that clients are active subjects and agents; and directing one's energies to the historically disenfranchised and oppressed (Simon, 1994).

Recently, strength perspective has attracted the attention of some Chinese scholars and practitioners. Among these invaluable studies, several are devoted to theoretical effort to advocate adopting the strength perspective as a new perspective of social work with people with disabilities (Yang, 2006a; Wang, 2006). According to these authors, the problem-focus perspective contains discrimination against people with disabilities. Treating them as *canfei* (useless) and social welfare dependents reinforces the stereotypes. Therefore, the problem-focus perspective is harmful and cannot help people with disabilities to identify themselves positively. By contrast, working with the strength perspective can help social workers to explore the internal and external resources. In addition to theoretical exploration, a few valuable studies investigate the strength perspective on the basis of social work practice. For instance, based on an action research on children with cerebral palsy in the class of a special school, Feng and Zhong (2008) report the negative influences deriving from the problem perspective, including parents' overprotection, clients' internalized stigmas and service providers' exclusion. Therefore, they advocate shifting the paradigm to the strength perspective to explore these children's assets. Conducting a study on children with the same type of disability, Tan & Lin (2010) performed a strength perspective assessment to demonstrate its importance in providing effective social work service. Further, another two studies attempt to incorporate the strength perspective with social capital theory providing social work service to people with disabilities in rural areas of China. Yang (2006b) addresses the necessity of this incorporation. Huang (2007) further identifies six kinds of social capital: families, the community, the village school, the village clinic, the local government and the village Party branch. All these resources can contribute to improving social security of people with disabilities in rural areas of China.

In this study, problems that women with disabilities confront are detected, including the sense of inferiority, being excluded and marginalized, suffering from discrimination and living in poverty. Nevertheless, their strengths in solving the problems presented above are also identified. Informants are hard-working and shoulder lots of domestic chores. They can endure hardships and overcome barriers caused by their disabilities. They are able to figure out strategies to protect their psychological well-being and try their best to identify themselves positively. Some of them are able to earn money and become the main breadwinner of their families. In this study, women with disabilities are found to be able to employ their strengths to solve their problems. Additionally, some women with disabilities are capable of negotiating with the officers to fight for necessary resources. However, informants also stumble on obstructions beyond their capacities to remove, in view of the limited resources they have. To assist women like the informants in this study, such barriers must be removed. The next section attempts to build a practical model, the barrier removing model, based on the implications obtained in this study.

A Barrier-removing Model of Social Work Practice

Assumptions of the Barrier-removing Model

There are four basic assumptions underlying the barrier-removing model. Firstly, this model has dual focus on clients' problems as well as strengths, particularly the mutual interaction between them. That is, the barrier-removing model works on the assumption that how clients are able to mobilize their strength to solve their problems in the everyday life. Secondly, the model emphasizes the necessity of observing clients' problem-solving process. This can help social workers to identify clients' needs, strengths, weaknesses and the barriers preventing them from satisfying their needs. More importantly, it can facilitate social workers' understanding of the clients' problems from their own perspective rather than from the professional perspective. In this way, a hierarchy relationship between helpers and the helped can be deconstructed. The third assumption of the barrier-removing model resides in the belief that clients have capacity of solving problems. Professional service plays a role in empowering clients and strengthening their problem-solving ability. Finally, the barrier-removing process is a win-win situation for both social work and clients. Social work, as a developing profession in China, needs to achieve its professionalization in the course of service providing. It is crucial to explore indigenous social work practice through working with different clients. As for clients, they can be empowered with the assistance of external resources which can enhance their problem-solving competence. In this vein, this model removes barriers for both social work as a developing profession and clients as a vulnerable group.

The Working Procedure of the Barrier-removing Model

Based on the assumptions presented above, a new model, the barrier-removing model, is recommended to be used in social work service for women with disabilities like the informants in this study. Briefly speaking, it can be implemented in the following three phases (see Figure 10-1): firstly, social workers observe the problem-solving process of clients and identify their strengths, their understanding of problems and present solutions, and barriers they come across; secondly, social workers make plans and implement them to remove barriers through working with clients; finally, social workers need to terminate the professional relationships and evaluate the effectiveness of intervention. Additionally, it is also necessary for social workers to reflect on the whole process of the application of the barrier-removing model. This reflection is crucial to the accumulating of practice knowledge of indigenous social work practice. The next section is thus devoted to explaining the significance of observing the clients' problem-solving process and the three tasks social workers need to accomplish during the observation.

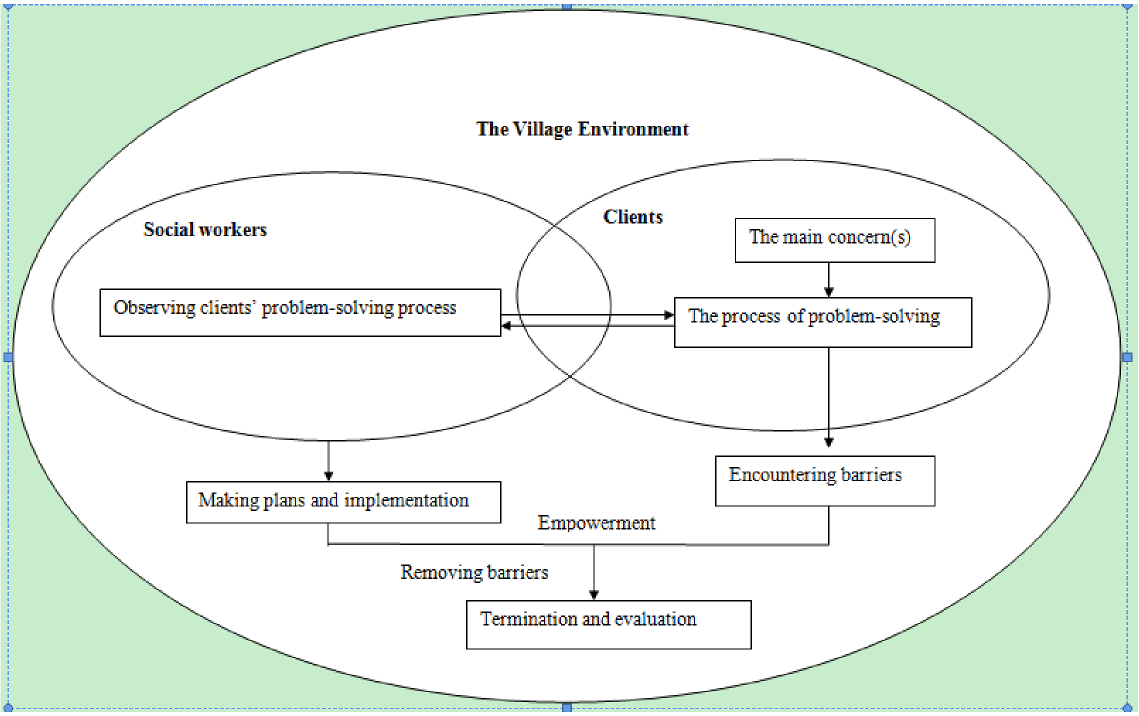

Figure 10-1 The barrier-removing model of social work practice

The Importance of Observing Clients' Problem-solving Process

Observing the clients' problem-solving process (hereafter observing) is of importance due to the following considerations. Observing can facilitate social workers' accurate evaluation of clients' problems. According to an experienced social worker who has worked for NGOs in Nepal for several years, some clients living in poverty tend to exaggerate the problems in an effort to strive for external resources (S. Risal, November 25, 2011, personal communication). Therefore, social workers cannot merely evaluate clients' needs on the basis of the problems they present, but should incorporate it with observing their own way of solving problems before identifying which is their main concern (s). Observing can contextualize client's obstructions. Many approaches of conventional social work interventions usually start with an evaluation of the clients' presenting problems and what is causing the problem, and assigning the client a treatment plan (Greene & Lee, 2011). This tendency probably disempowers clients because it deals with clients' problems based on professional evaluation. Under this condition, clients' needs may remain unsatisfied after service provision. By contrast, observing can help social workers to pinpoint clients' difficulties during the problem-solving process and shift the focus from problems to strengthening client's ability to solve problems.

In the observing stage, there are three tasks that social workers need to accomplish. The first task is to identify available resources, including internal and external resources. A series of questions can facilitate social workers' observation: What kinds of resources are available to the client? What are the internal and external resources? What kind of resources can be consolidated to help clients' problem-solving? What kind of resources is unavailable but necessary for the problem-solving process? Apart from identifying resources, it is vital for social workers to learn from the clients how to solve their problems in context. There is an underlying assumption that clients have knowledge of the most appropriate solutions in response to their problems. This can be illustrated in this study by informants' different solutions to apply for disability-benefit resources: some choose to give up application; some women negotiate with the local government officers; but few resort to formal complaints. From this perspective, clients are the experts in their living environment. Social workers are required to respect their problem-solving methods with cultural sensitivity. The final task in the observing stage is to analyze barriers clients encounter in the problem-solving process. This can also be achieved by examining the nature of these barriers. Several questions can be initiated: Where is the barrier from, the individual, the environment or the structure? What is the underlying reason of the barrier? Is it possible to remove it? How to eliminate it?

The Barrier-removing Model and Grounded Theory Method

Grounded theory method (hereafter GTM) is of value to social work service and social work has great chance to provide leadership in transcending practice theory and methodology (Graybeal, 2001). The relationship between GTM and social work practice research has been therefore described as "sliding a hand into a well-made glove" (Gilgun, 1994, p.115). Apart from the fact that the substantive theory generated by GTM can directly guide social work practice. GTM is of great importance in strengthening the barrier-removing model in the following ways.

Firstly, GTM has potential advantage of facilitating the exploration of the main concerns of people with disabilities from their perspectives. Oliver (1992) points out that research has failed to accurately capture and reflect the experience of disabled people from their perspective and it cannot provide useful information to the policy making. As a result, little contribution can be made to improve the material conditions under which disabled people live. GTM can help social workers understand the clients' main concern (s) from their perspective, rather than merely from the professional evaluation.

Secondly, GTM is a research method which focuses on the basic process (Glaser, 1978). On the basis of examining the process identified in GTM study, social workers can detect the clients' main concern, recognize barriers that clients come across and explore their deficits and assets. As such, a more effective social work intervention can be planned with the assistance of GTM study. The following discussion attempts to apply the barrier-removing model which is grounded on the research findings in this study to social work practice dealing with women with disabilities in rural China.

The Application of the Barrier-removing Model

Phase One: Observing Clients' Problem-solving Process

As suggested in the previous section, three tasks need to be accomplished in the first stage: identifying various assets, understanding clients' problems and detecting barriers. The assets include women's internal and external resources as identified in the problem-solving process in this study. The former consists of women's endurance deriving from rurality identity, responsibility for sustaining the family, desire to live with dignity and the competence of achieving normalization. The latter mainly comprises the family support from their married families and the maiden families, villagers' sympathy and support in the community and necessary resources from the government and the local disabled people's federation. Social workers should be familiar with these resources and use them to remove barriers.

As for the problems, there are four distinct problems reported by women with disabilities, including internalized inferiority, procreative problems, social exclusion and humiliation when applying for resources. The main discourse constructs people with disabilities as inferior and pitiful. Women with disabilities internalize this inferiority through daily interaction with non-disabled people. These women also perceive disability as destiny or personal tragedy and accept their lower-status in comparison with their non-disabled counterparts. As a result, to avoid highlighting the inferior feeling, women with disabilities employ some strategies to manage their disability identity, such as reducing public visibility and performing like their non-disabled counterparts. Indeed, these solutions reflect women's acceptance of the dominant discourse which perceives people with disabilities as deficit, pitiful and inferior being. Each woman takes personal effort to reduce the inferior feeling arising from her disability identity in everyday life. They personalize their disabilities and deal with their disability identity individually.

As discussed in Chapter 5, successful fertility (delivering male offspring) is crucial for women to transform their disability identity in the village. As a result, women who bear baby girls, babies with disabilities and those who are infertile have difficulties in compensating for their disability identity. Being fully aware of the significance of successful fertility, even women with disabilities who can expect inherited genetic defect still desire to deliver at least one non-disabled male offspring. In this study, women delivering babies before the strict implementation of one-child policy employed balancing as a solution. That is, they gave birth to several babies to keep a balance between disabled and non-disabled children, hoping that at least one of them is a non-disabled male offspring. For mothers who are restricted by the one-child policy, abortion becomes their solution. They suppose that if the inherited fetus is aborted, the next time they will be lucky. Although this solution is not scientific and effective, these women believe it based on family experience. In fact, instead of creating a chance to bear male offspring, abortion increases these women's risk.

As for women with disabilities who cannot reproduce, they usually receive indigenous treatments, such as herbal cure or superstitious means. Poverty is the main reason that prevents these infertile couples from seeking medical treatment. The cost for treatment, transportation, hotel and food in the city is beyond their paying capacity. Once failing to respond to indigenous means, women with disabilities, rather than their husbands, are inevitably labeled as infertile. As a result, disability, together with infertility, destroys the women's gender identity overwhelmingly. They become genderless and lose the opportunity of compensation. Once social workers understand the importance of procreation for women with disabilities in the patriarchal village society, they can back up these women's endeavor in terms of fertility.

Social exclusion is the third obstruction. Generally speaking, villagers seldom show discrimination against people with disabilities directly, considering the relatively intimate relationships among villagers and the discipline of conventional virtues. Rejecting women with disabilities to attend the feast may be some rare situation where these women do suffer discrimination in Bai Township. Since women with disabilities attending feasts are likely to be criticized for eating yet giving less or no contribution, most of them choose to withdraw and instead send their husbands to the feast. Being excluded from the feasts highlights women's disability identity. They are perceived as unproductive and dependent persons. This tends to destroy these women's self-image.

The humiliating experience in this process of resource application is the final problem encountered by women with disabilities. As discussed at the beginning of this chapter, the problem-focus perspective impacts the interaction between the service provider and service users of the social security. Women with disabilities feel frustrated by the resource delivery. They are trapped in a dilemma: on the one hand, women are required to emphasize their disability identity to strive for resources; on the other, women feel humiliated due to their exposed disability identity which results in their being treated unfairly. Under this condition, the majority of women with disabilities decide to give up the resource even though they are qualified applicants. Some attempt to negotiate with the local government officers cautiously. Only a few women choose formal appeal if they are treated unjustly. The process of formal appeal is full of hardships due to these women's physical limitation, poverty, limited education and unskillful negotiation skills. Therefore, informants usually choose to tolerate rather than fight for their own rights.

The third task during the observing phase is to analyze barriers. Indeed, the four problems presented above, i.e. internalized inferiority, procreative problems, social exclusion and humiliation in the process of resource application, are embodied in the social structure. Apart from procreative problems which derive from social oppression on women in the patriarchal society (Beechey, 1979), the remaining problems arise from prejudice against its disabled members encapsulated in the society. Accordingly, it is vital for social workers to reconstruct the professional practice from the perspective of the social model of disability which understands disability from the social structure rather than individual pathology (Oliver, 1992, 1999). Thomas (1999a) also stresses the importance of the social model to understand the experience of women with disabilities. Investigating these barriers from the perspective of the social model can help social work intervention to gradually influence changes in social structure.

Phase Two: Making Intervention Plans and Implementation

On the basis of assessing clients' problem-solving process and identifying the barriers they would encounter, social workers can make intervention plans and with the involvement of the clients, to remove the obstacles and enhance their quality of life. This section explores feasible social work intervention for women with disabilities in rural China from three levels, namely, the micro level, the mezzo level and the macro level.

Social Work Intervention on the Micro Level. On the micro level, social workers can work with women with disabilities and their families. They act as brokers that link clients to appropriate human services and other resources (Sheafor, Horejsi & Horejsi, 1997, p.58). In this study, social workers can help women with disabilities regarding fertility by giving information and linking free medical services and resources. As discussed earlier, financial difficulties and a lack of information are the main problems encountered by these families, and these prevent them from seeking medical treatment when encountering problems of inherited fertility and infertility. There is limited quota of free treatment in public hospitals but some private hospitals are shouldering social responsibility to some extent. As a broker, the social worker can bridge the women's needs of medical examination and/or treatment to free medical resources. As for those couples who are still infertile after receiving treatment, social workers probably can assist them with adoption, including offering information on related social policies and laws and contacting the local civil affairs department to consult about the procedure of adoption.

Although there are voices against prenatal screening which is perceived as discriminatory to people with disabilities (Shakespeare, 1998), prenatal screening is what women with disabilities with inherited fertility preferred in this study. Considering the real context of rural life where healthy children are of significance not only as compensation for women's disability identity, but also as caregivers to aging parents, it is really hard for "disability to be beautiful" (Hahn, 1988). Women with disabilities and their families suffer from hardships, endure daily struggles and experience worries about their children with disabilities. In this vein, pre-natal screening is what women with disabilities need in order to enhance their life quality. Social workers however tend to be confronted with ethical dilemma in considering whether or not pre-natal screening should be used. Social workers should develop a gender and cultural sensitivity (NASW, 2001) regarding disability, rurality and poverty and at the same time listening carefully to their clients' real needs.

Women with disabilities experience social exclusion regarding education, employment, standards of living, transport and mobility (Thomas, 1999a). In China, there are some resources available in these areas. However, people with disabilities and their families in rural areas often do not have access to these resources due to a lack of information, or the skills to go through the application procedures. Thus, the social worker can offer relevant information or bridge between these resources and clients in need. For instance, none of the women with hearing and verbal disabilities in this study received any education. Although some parents recognized the importance of sending their daughters to a special school, poverty and lack of information discouraged them from doing so and thus they left their daughters with disabilities uneducated. In fact, there are numerous programmers that can support girls with disabilities for free education, such as the Spring Buds Project[1] and The Project on the Primary Education for Children with Visual Disabilities in the Midwest Areas[2]. Considered that education is empowering to women with disabilities, social workers should be familiarilized with these available resources and explore education opportunities for girls with disabilities in rural areas. The same applies to other aspects, including employment, transport and

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[1] The Spring Buds Project was launched by All China Women's Federation and China Children and Teenagers' Fund in 1989 with the purpose of helping dropout girls in poverty-stricken areas return to schools (data retrieved from China Children and Teenagers' Fund, http://en.cctf.org.cn/promore.asp?lm=22, on February 9, 2012). In Guizhou province, some girls with disabilities benefit from this project and obtain opportunities to attend the special school in the capital city.

[2] For further information of primary education for children with disabilities, please refer to the website of China Federation of Disabled People, retrieved from http://www.cdpf.org.cn/jiaoy/content/2007-11/05/content_30316272.htm, on February 12, 2012.

mobility. Living in rural areas prevents women with disabilities from obtaining information on useful social policies and learning the knowledge and skills to seed and use the resources they need. Therefore, it is important for social workers to perform the role as brokers as well as educators.

Social Work Intervention on the Mezzo Level. On the mezzo level, social work intervention can work with formal and informal organizations. It is vital for social workers to work with formal organizations including the local government and the disabled federations which control resource allocation to women with disabilities. There are problems in the existing disability-benefit distribution system in terms of ideology, procedure and means of delivery. As discussed in Chapter 8, the experience of applying for disability-related resources always frustrates women with disabilities. The prejudiced attitude of some officers' reinforces the sense of inferiority originated from the disability identity of these women. Many officers see disability benefits charity, rather than the rights of disabled citizens. Some officers use and enhance their power by controlling resources and eligibility, and as such they occupy a power position superior to disabled applicants. Stigmas attached to disability identity, such as being worthless, dependent and unproductive, are further strengthened during the process. Social workers can work to reconstruct these unfair power relationships with the perspectives of the social model of disability which conceptualizes the etiology of disability as embedded in the social structure rather than individual pathology (Oliver, 1992, 1999). Social workers can help to train and orientate officers working in these bureaus and introduce to them experiences and practices in more advanced developed areas within and outside China. In addition, social work educators can encourage students who are willing to commit themselves to helping people with disabilities to work in these bureaus, with the hope that professionals can gradually develop a service ideology of greater social justice for working with women with disabilities and their families.

Facilitating self-help organization of women with disabilities is of importance for social workers on mezzo-level intervention. For those women with disabilities who internalize disability as a personal tragedy, consciousness raising is essential. This goal probably can be achieved through implementing projects which facilitate self-help among women with disabilities. Some learning programmes in earning skills, such as embroidery, can help women with disabilities in many aspects, including facilitating employment, building positive self-image, increasing interactions with other women and fostering a collective identity. Social workers can help women with disabilities to unite together to protect their rights and make their voice heard through self-help organizations. At present there are not many such organizations initiated by people with disabilities in rural areas. Having conducted a study on such a self-help organization in Shandong province, Yang (2008) points out that external and internal barriers hamper the development of these organizations. External barriers include inappropriate public recognition of non-government organizations (NGOs), insufficient support from social policies and the shortage of community resources. Internal barriers include conflict of interests and the boundary between insiders (family members) and outsiders (non-family members). All these barriers hinder the survival and development of self-organizations. These findings point to the possibility that social workers may assist these rural people with disabilities in overcoming these barriers and establishing their own self-help organization. Social workers have the expertise and skills in organizing people, developing leadership, running, managing and sustaining self-help the organization. They can support people with disabilities to develop their own self-help organizations which give them are a collective identity. If social workers can successfully facilitate the establishment of self-help organizations, they can work with people with disabilities to strive for an equal and justice society.

Social Work **Intervention on the Macro Level.** On the macro level, social workers can act as a social change agent, which means that the social worker plays a vital role in participating in the identification of community problems and/or areas where the quality of life can be enhanced, and in mobilizing interest groups to advocate for change or for new resources (Sheafor, et al., 1997, p.67). Prejudice against people with disabilities seems ingrained in the village history and culture. As such, community education on changing villagers' attitude is a long-term process. Social workers thus need to work with the community where women with disabilities live their daily life, and this can further contribute to changing villagers' discrimination against these women and integrating them into the community. Considering that children's attitudes are relatively easy to be cultivated in comparison with adults', education at school to redefine disability from the perspective of social model, rather than an orientation of personal tragedy can be effective in changing attitudes. This goal probably can be achieved by training teachers in the primary school and raising their consciousness. Such public education can be gradually developed from children to villagers. Additionally, it is necessary for social workers to explore opportunities to collaborate with other projects implemented in rural areas, such as the primary-health care and community-based rehabilitation, and endeavor to integrate the social perspective into medical-slanted projects. Moreover, the conventional means of writing slogans on the wall have potential influence on attitude changing. Finally, social workers can implement some community development projects which can integrate women with disabilities and their non-disabled counterparts by working together. This probably can provide opportunities for villagers to recognize the abilities of women with disabilities on the one hand; strengthen the sisterhood among women in the village on the other, thus building a supportive network for women with disabilities.

Acting as social change agents, social workers can also advocate for changes in social policy. With the development of market economy, women with disabilities and their families are further marginalized because both these women and their husbands lack competitiveness in the market. They are entrapped in the vicious cycle between poverty and disability and it is difficult for them to improve life quality. As a result, social workers need to advocate for change of the present social policies and/or making new social policies to compensate for the vulnerable status of women with disabilities and their families in the tide of rapid development of market economy. With the present ambiguous professional situation of social work in mainland China, this purpose can be achieved in mainly two ways. Firstly, social workers can persuade the representatives of the National People’s Congress who shows concern for people with disabilities to put forwards proposals that can improve their life quality and protect their rights. Secondly, the association of social workers in China should empower itself and exert influence on social policies and laws related to the vulnerable groups, including people with disabilities.

Social workers also need to work with other professionals, e.g. lawyers and politicians, to challenge the conventional ideology of disability and advocate social responsibility for people with disabilities.

Phase Three: Termination and Evaluation

Termination refers to the process of formally ending the individual social worker–client relationship (Hepworth, Rooney, Rooney, Storm-Gottfried & Larsen, 2010, p.572). It is worth noting that social work should cultivate culture sensitivity when performing social work practice in rural areas of China. Gu, Zhang and Yang (2007) demonstrate how applying abstract social work values and skills without the consideration of the local power relationship and the local history and culture is dangerous for the community. According to the researcher's practice experience in the village, social workers need a formal farewell or informal farewell regarding different agents. Social workers should inform the gatekeeper before withdrawing from the village. Termination is more complicated when social work practice is conducted in rural areas. Social work is not widely accepted as a profession in rural areas of China. As a result, informants and their families tend to build up informal and intimate relationships with social workers on the basis of mutual trust. This probably engenders more difficulties when social workers plan to terminate the professional relationships. Therefore, it is recommended that social workers inform their clients about termination in advance, arrange some farewells and maintain the informal relationships for a short period.

It is of ever-increasing significance to evaluate outcomes of the helping process in direct social work practice (Hepworth, Rooney, Rooney, Storm-Gottfried & Larsen, 2010). The quality of professional service can be improved gradually via evaluations. When attempting to apply a new model in the practice setting, it is more significant to assess its effectiveness after service termination. Only through the reflections and continuous modification can the barrier-removing model develop further. Social workers are encouraged to develop evaluation tools on the ground of practice in the rural context. A series of questions probably can be useful for evaluation: Has the barrier affecting clients been moved? Is the client's problem-solving capacity strengthened through the barrier-removing process? Is the client's life quality improved? Has social work accumulated experience through service provision? Is social work as a profession empowered? Is the barrier-removing model effective? What are the strengths and weaknesses of the model?

Professional Identity of Social Work with People with Disabilities

Social workers play a vital role as professional. It means that social workers are engaged in competent and ethical social work practice and contribute to the development of social work profession (Sheafor, et al., 1997, p.68). As discussed earlier in the Chapter, the barrier-removing process empowers women with disabilities as well as social work as a developing profession in China. Social work is an imported profession from western countries (Wang, 2004) which needs indigenization in the process of service provision in non-western contexts. Social work indigenization in China is portrayed as a selective assimilation process with the involvement of multiple agents or players. The state is perceived as the most powerful agent. In addition, academics and practitioners are seeking their own niches and particular roles (Yan & Tsang, 2008). As a result, professional social work is required to negotiate and cooperate with multiple organizations when working with women with disabilities, including the government, the disabled people's federation, the women's federation and other institutions. It is during the negotiating and cooperating process that professional social work orients their professional identity and lays a foundation for professionalization.

Recently, Wang (2011) illustrates the relationships between professional social work and the administrative social work as embeddedness[1]. This concept mirrors the need for attachment of social work to the government and hence the less professional authority of social work. Under this condition, it is vital for social work to insist on its professional commitment. Some academics detect the tendency where social work in China emphasizes the micro dimension but ignores the macro-structural dimension (Zhang, 2011; Guo, 2011). The underlying reason for addressing the scientific and technological aspects of western social work probably resides in the intention of the liberal and democratic values inherent in western social work (Yan & Tsang, 2008). Further, some practitioner points out the risk embedded in contemporary social work in China critically: it has become a controlling tool of the state (Chen, 2011).

Working with such an "embeded" orientation, there are various factors influencing how social work service will be provided for women with disabilities. They consist of the professional identity, the perception of disability, social workers'

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[1] It is a concept generated by Polanyi (2001).

commitment of the clients, the organizational objectives and the dominant discourse of disability. As a result, it is a struggling process to explore a niche by working with the social model in the Chinese context. Despite the hardship, social work in China should learn from western experience: avoid abandoning the professional mission and hence becoming unfaithful angels as Specht and Courtney (1994) describe. That is, social work should maintain the focus on women with disabilities who are marginalized and empower them to change inequality in the society (Bidgood, Holosko & Taylor, 2003).

Research Limitations and Recommendations for Future Research

Research Limitations

Theoretical Samples. Despite that "types of disabilities" emerged as an influential factor on women's role performance, the theoretical sample of women with visual disability was not available in Bai Township. Considering transportation accessibility, the time span of the PhD study period, and the time required building rapports with potential informants in another field[1] where women with visual disability were available, the researcher had decided to limit theoretical sampling geographically to Bai Township. To compensate for this shortcoming, deliberate attention was given to include a case of woman with visual disability from the literature review as data and it was integrated in the discussion. In addition, the researcher's earlier social work practice

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[1] Two research sites were considered at the very beginning of this study. Bai Township was selected due to various reasons, including mature relationships with the local government, traffic accessibility and easy approach to the informants' families. By contrast, the other research site needs time to cultivate various relationships.

with women with visual disabilities in the rural area of Hunan province also confirmed the consistency of the grounded theory generated in this study.

Theoretical Saturation. The limitation of the theoretical sample also results in the second research limitation in terms of theoretical saturation. That is, the grounded theory generated in this study achieved its theoretical saturation only within the geographical boundary of Bai Township. Nineteen married women with disabilities and their families had been interviewed back and forth in the process of theoretical sampling until the upcoming data fitted repeatedly to the established but not new categories and properties. The researcher decided to stop data collection when no new category and properties could be generated to enrich the existing grounded theory. To achieve the generalization of the grounded theory, further constant comparisons between the present grounded theory and other substantive theories are required.

The Generalization of the Substantive Theory. Another shortcoming of this study is the generalization of the substantive theory, i.e. compensating for disability identity. It was generated only on the basis of the experience of women with disabilities in one township. Although it can partially represent the similarities shared by women with disabilities in rural China, it is hard to be generalized to other contexts without making further constant comparisons. Through constant comparisons on the basis of different substantive theories generated in various contexts, new categories and properties can be developed and thus the grounded theory for women with disabilities can be further enriched.

Language. Language engenders yet another research limitation. In this study, interviews were conducted in local language, field notes were recorded in Chinese whilst data analysis and writing were in English. Some dialects were probably not translated accurately. To rectify these linguistic limitations, the researcher had consulted English native speakers and English professionals in search of the most appropriate translations.

Recommendations for Future Research

Exploring Sexuality of Married Women with Disabilities. The present study indicates that sex is a vital factor of marital lives of women with disabilities. However, this researcher’s identities, including unmarried status, gender identity and the background as a younger generation, prevent her for further collecting data regarding the sex of these women’s marital lives. Several interviews do provide evidence that sexuality of women with disabilities is an imperative factor affecting the possibility of their marriage as well as the stability of their marriages. Considering the importance of sex in marriages of women with disabilities, the researcher’s married status and maturity can contribute to a deeper investigation on this issue. Employing a staff from the local family planning station as a research assistant would be a pragmatic means to collect rich data and reduce embarrassment during interviews.

Research on Children of Women with Disabilities. As discussed in Chapter 7, positive rather than negative aspects of children emerge during their interaction with mothers with disabilities and growing up in impoverished families. The rare cases of distant mother-child relationships happen to women with substitute mothering. For the majority of children, family characteristics cultivate their positive personality. They internalize protective responsibility for their mothers with disabilities against public prejudice, shoulder duty for caring for aging parents, and for sustaining the family survival. However, on the other hand, these children also suffer lots of pains, physically, psychologically and socially. It is suggested that future research pays attention to children whose mothers are disabled in rural China.

Research on Husbands of Women with Disabilities. It is indicated in this study that the majority of husbands of women with disabilities treat their wives well except heavy drinkers who conduct domestic violence. Indeed, less discrimination from the husbands can be detected in this research. Is it a result of the disabled matching? Does women’s sex play a crucial role in the stable spousal relationships? Is it because of the imbalanced sex rate which makes it difficult for these men to remarry once they divorce with their wives with disabilities? These questions require further investigation. Future research can shed light on the dynamic interaction between men (especially non-disabled men) who get married with women with disabilities.

Research on Men with Disabilities in Rural China. As discussed in the previous chapter it seems that in other studies in the literature presented men with disabilities have higher possibility than women with disabilities to get married and live normal lives as their non-disabled counterparts. However, the findings of the present study reveal that only those men with disabilities who can support the family, such as by being craftsmen, are preferred by women with disabilities. The observations show that men with disabilities in rural China, contrary to their female counterparts, have fewer opportunities to find partners and the majority of them depend on their family members, mainly parents and brothers, for survival. In fact, there is a remarkable gendering difference regarding marriage of people with disabilities in rural China, which probably reverses the findings in the literature show in Chapter 9. It seems that it is men with disabilities, rather than women with disabilities, that fail to compensate for their disability identity with gender identity. As a result, the majority of men with disabilities are lifelong bachelors and those who are divorced live alone for the rest of their lives.

Conclusion

On the reflections of the problem-oriented approach and the strength-oriented approach embraced by social workers in China, a new social work practice model, i.e. the barrier-removing model, is suggested to provide professional service to women with disabilities in rural China. Working with this model, social workers begin with observing how women with disabilities and their families solve the problems they confront in their daily lives. Social workers need to identify barriers which are beyond clients' capacities due to their limited resources. On the basis of the observation and identification, social workers can devote their service to removing barriers for their clients. GTM can facilitate the barrier-removing model in light of its strengths in pinpointing clients' main concerns and the basic process of their problem solving. It is hoped that the barriers-removing model can be applied in the provision of social work service to women with disabilities in rural China, and further developed into an indigenous model. Social work, as a developing profession in China, should maintain its professional commitment to promoting social changes for the benefit of the vulnerable groups. Several recommendations for future studies are presented, including research on sex of women with disabilities, their children and husbands, and men with disabilities in rural China. They are of value to investigate because each study can broaden our understanding of social oppression on people with disabilities in rural areas. Hopefully, Accumulative studies in this area can be conducted in the future. As such, a holistic picture portraying the status of people with disabilities in rural areas of China can be presented.

Appendix 1 The Consent Letter

(English Edition)

Informed consent letter

Dear Participant,

My name is Yang Jing and I am a PhD candidate of the Department of Applied Social Science, the Hong Kong Polytechnic University. This study is to explore the marriage of women with disabilities in rural areas of China and it aims to lay a foundation for further social work service for women with disabilities. Data will be collected mainly via interviews with you and/or your family members and via observations of your daily life. There will be at least three interviews lasting around six hours. The final research product is the researcher’s PhD thesis. Your family members and your personal information will not be identified in the thesis and any publication arising from the thesis. Any information of the interview is confidential. Please feel free to ask any question during the research. You have complete freedom to decide not to participate in or withdraw at any time without any pressure and negative influence on you and your family. Please sign your consent with full knowledge of the nature and purpose of the procedures.

Date：

Name of the participant：

Signature:

Appendix 2 Interview Guide

1. The basic information of women with disabilities

1.1 Name

1.2 Age

1.3 Education

1.4 Relationships with the maiden family

1.4.1 Geographical Distance from the maiden family

1.4.2 Interaction with relatives from the maiden family

2. Disability particulars

2.1 Type of disability

2.2 The year of achieving disability

2.3 The reason of achieving disability

2.4 The treatment experience of disability

2.5 Influences of disabilities on daily lives

2.6 Disability-benefit resource

2.7 Supports from the local federation of disabled people

2.8 Self-perception of disability identity

3. The basic information of husbands

3.1 Age

3.2 Education

3.3 Health (whether disabled)

3.4 Labor

3.5 Whether living-in son-in-law

3.6 Means of living

3.7 Family burden

3.8 Relationships with siblings

4. The basic information of children

4.1 Number

4.2 Sex

4.3 Age

4.4 Education

4.5 Health (whether disabled)

4.6 Means of living

4.7 Support to their parents

5. The basic information of family

5.1 Family income

5.2 The main breadwinner

5.3 Whether obtain the minimum standard of living

5.4 Arrangement of the household

5.5 Social supports

6. Martial particulars

6.1 Marital status

6.2 Age of the first marriage

6.3 Years of marriage

6.4 Motivation for marriage

6.5 Means of getting acquaintance with mates

6.6 The bride price

6.7 The wedding ceremony

7. Criteria of Mate selection

7.1 Age

7.2 Labor

7.3 Craftsman

7.4 Geographical location

7.5 The main food

7.6 The quantity of residence

7.7 The quality of residence

7.8 Personality

7.9 Living habits

7.10 The family background

7.11 Parties participating in the process

8. Relationships with mothers-in-law

8.1 The type of household

8.2 The relationships with fathers-in-law

8.3 The relationships with mothers-in-law

8.4 The relationships with siblings-in-law

8.5 Housework distribution

8.6 Assistance from in-laws

8.7 Influential factors on the relationships

9. Spousal relationships

9.1 Household distribution

9.2 Financial management

9.3 Decision-making

9.4 Role in the public domain

9.5 Satisfaction with the spousal relationship

9.6 Disability-influenced interaction

9.7 Domestic violence

10. Mother-child relationships

10.1 Nurturing experience

10.2 Children’s assistance

10.3 Satisfaction with the mother-child relationships

10.4 Children’s perception of mother’s disability

10.5 Influences arising from mother’s disability

10.6 Future plan of caring for

Appendix 3 Brief Introduction to the 19 Interviewees

Case 1 Madam Li

Madam Li is fifty-four years old and her first marriage was in 1977. She contracted a disease at the age of seven shortly after her father died. Her mother remarried with three children. Madam Li was abused by her step-grandmother and stepfather because she could not do any work for that family. Feeling herself a family burden, she attempted suicide several times during her childhood. Madam Li and her younger sister suffered sexual abuse from their stepfather when the mother was absent. To terminate such kind of suffering life, they decided to get married at the same year and left home completely. The family of Madam Li's husband made a living by repairing shoes. Madam Li's husband is seven years older than her. The spousal conflicts became serious after the birth of their daughter. Madam Li also had bad relationship with her mother-in-law. They frequently quarreled due to daily trifles. In 1985, Madam Li divorced because of years of conflicts and domestic violence. She felt she lost face in front of most villagers at the divorce court. Without the support of the maiden family, Madam Li had to live in the village after divorce and she took care of her daughter on her own. She was excluded by the ex-husband's family in the village. When her daughter quit school and left home secretly, Madam Li's ex-husband accused her of murder. She was innocent and attempted to cannot suicide twice. She left the village for the capital city when her brother promised to take care of her.

Madam Li ran a small business in the capital city and spent all money she earned on superstition, hoping to find her daughter. She also went to the train station after dinner every day and expected her daughter to return. Madam Li fell in love with one of her customers and they cohabitated. Her boyfriend accompanied her to the train station every evening. After one year and six months, her daughter came home. But she disagreed with her mother's remarriage and quarreled with Madam Li because she worried that the man would not treat Madam Li well due to her disability. Madam Li's new boyfriend accompanied her daughter to travel around the city and let the girl know more about him. Finally, the girl agreed with her mother's marriage and Madam Li registered her second marriage in 1996.

After the marriage, Madam Li moved back to Bai Township with her husband. Her family did not obtain disability-benefit resource and migrant compensation. She felt being treated unfairly and started her complaint journey, from the local government to the federation of disabled people on the city level, to the provincial complaints office, to the city government. It is the humiliation she suffered during the formal appeal process that motivated her to get even. Despite Madam Li obtaining the resources that she fought for, she has been regarded as a bad example for other villagers. She is perceived as an unruly villager. Additionally, Madam Li is involved in a land dispute with her neighbor whose family is powerful in the village. Without the support of her maiden family, she feels powerless when being bullied by her neighbor.

The couple adopted a son who is seven years old now. Madam Li and her husband try to disguise the adoption but it is in vain in the village environment. Madam

Li's daughter got married and gave birth to a daughter last year. She sent her husband to visit the daughter with gifts and showed the support of maiden family. Madam Li obtained 8,000 yuan (about US$ 1271.9) from her daughter to build a new house, with the condition that one room be arranged for her ex-husband who is homeless after returning from the old people's home in the village. Living with her ex-husband and the present husband under the same roof, Madam Li is gossiped about by most villagers. However, she pities her ex-husband and takes care of him in everyday life.

Case 2 Madam Ban

Madam Ban was born in 1966 and got married at the age of twenty. She contracted polio at the age of seven and became physically disabled due to poor medical condition in 1970s in rural China. Her parents and the older brother had made great endeavor to seek therapies for her. Only after exhausting all methods, ranging from medical to superstitious, to formal treatment in the hospital and to indigenous means did they finally give up. Madam Ban's family was in debt because of her treatment. Madam Ban's father trained her to walk on crutches for several months but she gave up because of extreme pain. As a result, she has to walk with both hands on ankles now, which makes her feel inferior in comparison with non-disabled people. Madam Ban attended the primary school for only three years and dropped out due to inconvenient movement. After dropping out from the school, Madam Ban shouldered all the domestic works and provided assistance for parents to take care of the younger siblings.

Madam Ban's father arranged a marriage for her due to the extreme poverty. However, she refused because she disliked the mate selected by her father. After that, Madam Ban fell in love with another man living close to her parent's village. However, they broke up with a serious quarrel. She got acquainted with her husband who is eight years older than her when she was running a small grocery. They engaged with the permission of both parents. Nevertheless, Madam Ban broke off the engagement because her fiancé wanted to have sex with her before marriage. For her, being a virgin is imperative for a disabled girl. She reaccepted her fiancé after he made an apology and explained that he was instigated by other young men. At the beginning years of her marriage, Madam Ban felt shy to go to the street with her husband because some villagers always treated her as her husband's daughter due to their age disparity.

Madam Ban felt happier after marriage because of decreased domestic work and improved life quality. The couple lived with the in-laws in the first year of their marriage and Madam Ban expressed her cautiousness in the daily life to avoid conflicts with her mother-in-law. However, she also obtained male in-laws' support if some conflicts occurred. Life becomes much better after dividing home from the parents-in-law. Madam Ban redistributed domestic chores with her husband and thus inconvenience caused by her disability has been avoided. Madam Ban has two sons and she is so proud of their filial piety. They never discriminate against their mother because of her disability and turn in all the money they earn to Madam Ban for managing the family expenses. Madam Ban is satisfied with her marital life because the couple seldom quarrels and fights. She said that her husband had never criticized her in terms of her disability in the past twenty-five-year marital life. Madam Ban will not perceive herself as disabled if her family members do not discriminate against her due to her disability.

Madam Ban expresses little adverse influence arising from her disability. She is as competent as other non-disabled women except carrying things. She never experiences discrimination by villagers because of her strong personality. Madam Ban takes responsibility for negotiating in public for her family because of her husband's subservient characteristic. She went to the local government and complained about unfair distribution of the minimum living allowance. She expressed the possibility of following Madam Li to complain to higher level administrative agencies if she could not tolerate the unfairness.

Case 3 Madam Yang

Madam Yang is a forty-four year old woman with physical disability. When she was a newborn baby, she was sent to a local clinic because of high fever. After taking an injection, she became disabled and she walks with one hand on the leg. This walking posture always bruises on her leg. Madam Yang has an older brother, an older sister and a younger sister. She tried to avoid marrying in the same villages as her sisters in order to maintain harmonious sibling relationships. Madam Yang's husband who was twenty years older than her was recommended by a go-between. Her mother inquired about his personality and family background from other villagers before her marriage. The only reason why Madam Yang chose her husband is because of the geographical superiority of the husband's family. She said that before marriage she never went to the Sunday market where her husband's family was located. Madam Yang has three children, including two daughters and a son.

Madam Yang is the breadwinner of her family. It is hard for her husband to find a job in the village because he is over sixty. The oldest daughter studies at a high school and needs a big amount of money each semester. The second daughter got married recently. The youngest son loses his interest in study and learns how to decorate houses. None of these children can provide economic assistance to the family. Madam Yang supports the whole family by selling vegetable in the market. She gets up at six o'clock, goes to purchase vegetable from another market and sells it on the village market. She spends almost twelve hours per day in the market and goes home for dinner around eight o'clock in the evening.

Madam Yang arranged her second daughter's marriage. Her daughter was engaged to a boy in the same village one year ago and Madam Yang's family received a prospective bride price. However, the boy planned to take her daughter to work as migrant workers outside the province. Although Madam Yang's husband agreed with this decision, she objected to it and broke off the engagement. She arranged another marriage for her daughter.

Madam Yang seldom attends the feasts in the village. She experienced discrimination at the feast. Villager's gossiped about her because she was regarded as contributing less to the feast due to her disability. Thus, she usually sent her husband to the feast. Madam Yang's family did not obtain housing grant. She got angry and complained to the government officer. She challenged the office as to why other families which are richer and without family members with disabilities could obtain it while her family could not. Madam Yang showed the officer around her house and argued with the officers several times. Her family finally got the housing grant.

Case 4 Madam Tu

Madam Tu was born in 1951 with inherited dwarfism. She is the second generation in her family with inherited dwarfism. In contrast with her peers who got married at eighteen years old, Madam Tu was reluctant to get married. She witnessed her sister's first son born with inherited dwarfism and did not want to have disabled children. Madam Tu said that if she could expect the social policies to support disabled people in contemporary society, she would not choose to get married. Being excluded by her younger brother, Madam Tu got acquainted with her husband through a working mate in the same production team. He is twenty years older than Madam Tu. After the marriage, she gave birth to two daughters and the second daughter is a dwarf.

Failing to help the husband's family to carry on the family line by bearing male offspring, Madam Tu had bad relationship with her mother-in-law. She was verbally abused by her mother-in-law after delivering the second daughter. Without the support of her husband, Madam Tu chose to tolerate. She went for ligation because she was afraid of delivering another child with disability. The couple separated the household from the mother-in-law when the conflicts between Madam Tu and her mother-in-law was overpowering. Madam Tu modified facilities in the family according to her height, which is more convenient for her when doing housework.

Without male offspring, the oldest daughter of Madam Tu was arranged to have *ruzhui* marriage (having a live-in husband). Madam Tu's oldest daughter gave birth to two sons, which contributes to repairing the family's fame with her fertility. Madam Tu favors her grandsons and raises them with assistance from her daughter. Her son-in-law helped the family with building a new house and earned money to support the whole family. However, he died seven years ago because of a production accident. His death impacts the family negatively. Madam Tu's daughter left the family because of sadness. Madam Tu has to nurture two grandsons. She has bad relationships with the younger daughter because of property distribution. Living in the same village, Madam Tu and her younger daughter treat each other as strangers.

Madam Tu's husband had a stroke last year and was paralyzed in bed. She had to take care of her husband. She is much shorter than her husband but she carried him to the toilet several times every day. Madam Tu always felt pain with her muscles and relieved her pain with alcohol. Madam Tu's family obtains the minimum living allowance and gets 500 yuan (about US$ 79.5) each three months. She is applying for the rural insurance for old people which requires villagers over sixty to turn in 2,000 yuan (about US$ 318) and then they can obtain a reimburreisement of 100 yuan (about US$ 15.9) each month.

Case 5 Madam Tu

Madam Tu is the oldest one among the nineteen interviewees. She is sixty-five years old and she has been in marriage for forty one years. Madam Tu is has inherited dwarfism. She is proud of her father who was an educated person who worked as a teacher in the middle school. Her father's income was three kilos of rice each month. In order to nurture the children, Madam Tu's father saved one kilo of rice for them but ate rice hull for his survival. He died being choked by the hull. Madam Tu has an older brother, one younger brother and a sister. Only the younger brother is non-disabled. Madam Tu was excluded by her younger brother when he began to find a partner. It seemed that siblings' disabilities affected his mate selection. Madam Tu was involved in serious conflicts with her younger brother, which forced her to get married.

Madam Tu got to know her husband from a go-between who recommended her husband because of his industriousness and subservience. She knew nothing except the limited information above before her marriage. Only offer the marriage did Madam Tu realize that her husband is twenty years older than her. She described her husband as honest but incommunicable. After the marriage, her husband found jobs to earn money and Madam Tu sold toys in front of schools. Now Madam Tu's husband is too old to earn money and he just stays at home. The old couple lives with the second son. Madam Tu needs to make some pocket money and she also needs to take care of her husband.

Madam Tu has two sons and the oldest son has inherited dwarfism. She perceives inherited dwarfism as an inevitable event in the family because her grandfather made a mistake in front of the Buddha. However, she still feels guilty of her son's disability. As a result, Madam Tu worked hard to save money for the oldest son's bride price. She found a prospective mate for her son and paid the girl's family with a big amount of bride price. Unfortunately, her oldest son was washed away by the flood in 1998 when he tried to pass through a bridge by motorbike. Madam Tu missed her oldest son so much although he had been dead for over ten years.

Madam Tu is proud of her second son who is tall and handsome. He has good reputation in the village. Villagers always praise her in terms of her son's responsibility for family, filial piety to parents and the competence of earning money. Madam Tu helps her son to nurture his children, one fourteen-year-old girl and one twelve-year-old boy. Although Madam Tu praises her daughter-in-law in front of other villagers, she is unsatisfied with her daughter-in-law. She thinks that her daughter-in-law cannot suffer hardship as other rural women. When the couple has some conflicts, Madam Tu chooses to take side with her son. Madam Tu explained that the reason for criticizing her son, rather than the daughter-in-law, was because his son is an "insider". When the couple has conflicts, Madam Tu usually tries to avoid it and leaves home to visit relatives. She said that it is inappropriate for a mother get too much involved in the son's spousal conflict.

Case 6 Madam Li

Madam Li, who is thirty three years old, is the third generation in her family with inherited dwarfism. Madam Li finished primary school and learned how to run a grocery at the age of fifteen. She got married because of suffering exclusion from her live-in brother-in-law. Being treated as a family burden, Madam Li needed to act according to her brother-in-law's facial expressions. She did not want to live such a stressful life and decided to build her own home. Madam Li's brother-in-law was enthusiastic in recommending mates to her. She refused them because of either big age disparity or the far distance from her maiden family. Finally, she chose her husband who is sixteen years older than her. He is willing to be a live-in son-in-law.

Madam Li got married in 1997 and gave birth to the first daughter with inherited dwarfism after one year. Being afraid of bearing another child with disability, Madam Li hesitated to inform her husband when she got pregnant again. When she made the final decision to abort and tell her husband, the couples quarreled seriously. Madam Li insisted on going for abortion with the belief that she had the right to make decision on her own body. She utilized abortion as one way to avoid inherited dwarfism and hoped that she could have a son without disability. Unfortunately, her second daughter, who is only three years old, has also inherited dwarfism. Madam Li's husband never blames her in terms of daughters' disabilities and love two daughters so much. Despite Madam Li having received ligation, she wanted to resort to a private hospital to bear a healthy boy because it is difficult to live a village life without a son.

Madam Li has harmonious relationship with her husband and they never fight. Although sometimes the husband gets angry, he tends to control himself and makes jokes on Madam Li's "smallness". The couples distribute domestic affairs taking into consideration Madam Li's disability. The husband takes responsibility for almost all the field works while Madam Li takes care of the two daughters and runs a small grocery. Madam Li has many years of experience running a grocery and thus sometimes she can earn more than non-disabled men who work with their labor. She also starts to train her oldest daughter to manage the grocery. Madam Li said that she seldom felt herself as a woman with disability because she can perform at least as well as other non-disabled woman.

Living in the same village with her mother, Madam Li has indifferent relationship with her maiden family because of property dispute. Additionally, she is also unsatisfied with her mother for not assisting her with nurturing her two daughters. This extends to bad relationships between the grandmother and granddaughters. Madam Li’s oldest daughter always quarrels with her mother and the little girl attributes her walking position to the lack of nurturing support from the grandmother. Madam Li visits her mother only when her sister who works as a migrant worker outside the province comes home for holidays.

Case 7 Madam Zhou

Madam Zhou was born in a family with eight daughters in 1958 and she is the sixth child. She became disabled at the age of thirteen due to an incurable disease. Madam Zhou is almost immobile and depends on others for mobility. When her family adopted a live-in son-in-law, Madam Zhou lived a suffering life because of the exclusion from her brother-in-law. Her parents and sisters began to select a prospective mate for her. Madam Zhou got married at the age of thirty and lived a better life after marriage. She had harmonious relationship with her father-in-law and became the family manager.

The couples were found infertile one year after marriage. However, they did not seek for treatment due to poverty and traffic inaccessibility. Madam Zhou’s husband treated her very well and carried her wherever she wanted. The couples ran a small grocery in the village one year ago. Madam Zhou was in charge of stocking whilst her husband carried her to the market. Madam Zhou's family receives the minimum subsistence and she manages all the family income. Madam Zhou was a heavy drinker and she could not control herself. If the husband tried to stop her, Madam Zhou would shout verbal abuse at her husband in public. She was always gossiped about by villagers partially because she usually beat her husband on the Sunday market and partially because she liked to attend and drink at the feast.

One teacher of the local school sympathized with the couples and decided to help them. He contacted a local TV programme and informed them of the couples' situation. A journalist visited Madam Zhou and her husband for an interview and later broadcasted their story. Warm-hearted audience donated one wheelchair and another 2,000 yuan (about US$ 318) to the couples after watching the TV programme. Madam Zhou and her husband celebrated with drinking when they obtained the money. However, she died on the next morning due to overdrinking. After Madam Zhou's death, her husband sold out all their lands and confronts a crisis of survival.

Case 8 Madam Wang

Madam Wang is forty three years old and got married at the age of twenty. She is a woman with physical disability due to an injection at an early age of her childhood. Madam Wang is the oldest one in her family, with two younger sisters and two brothers. She attended the elementary school for only one year and she is almost illiterate. Her disability impacts her ability of working in the field as well as walking. Madam Wang started to consider her marriage after her father's death. Her mother persuaded her not to expect to find a non-disabled mate. Madam Wang got married twice and both husbands are physically disabled. Her ex-husband is over ten years old than her and the present husband is four years older than her.

Madam Wang has a son and a daughter with her ex-husband. She is satisfied with her ex-husband because he is a competent man, earning money and doing field work. Madam Wang only took responsibility for nurturing the two children. The couples separated from the parents-in-law and lived with independent household after marriage. Ten years ago, Madam Wang's husband had conflicts with her father-in-law because of money. Her father-in-law killed her husband and left Madam Wang with two children. Life was extremely difficult without her husband. Madam Wang and her children depended on borrowing rice from others for survival. The ex-husband's family later arranged for the two children to live with their grandmother. Therefore, Madam Wang decided to remarry.

Madam Wang's present husband was once sentenced to the prison for ten years because of grave robbery. He also lost his left limb when catching fish in the lake with explosives. Now Madam Wang's husband works as a janitor for a construction site and works in the evening. He can earn 700 yuan (about US$111.3) per month but he needs to compensate for the properties if they are stolen. Madam Wang is responsible for the majority of domestic work. Her husband always sleeps in the day due to his work. He goes fishing in the lake during his leisure time.

Madam Wang and her husband got married for nine years. However, they did not register their marriage. An official told Madam Wang's husband that his wife's first marriage violated one-child policy. He got angry and decided not to register their marriage. Without marriage certification, the couples cannot get birth permission. As a result, Madam Wang and her husband have no children. The couples are optimistic about the childless situation. They obtain the minimum living allowance with 50 yuan (about US$ 7.9) per month.

Case 9 Madam Liao

Madam Liao was born in 1975 and she is a woman with psychiatric disability. She is the oldest one in her family, with two younger brothers. Her maiden family was so poor that they accepted a marriage proposal when Madam Liao was only thirteen years old. Madam Liao got married at the age of twenty. She suffered from domestic violence in her first marriage. The violence became worse when her first baby boy died accidently one month after being delivered. Madam Liao divorced her ex-husband with the assistance of her maiden family. After divorce, she lived with her parents for one year until her husband proposed.

Madam Liao recalled that her husband also beat her at the first year of their marriage. However, her husband changed his behavior after being disciplined by Madam Liao's father. Madam Liao's husband appreciates his wife in terms of her domestic competence and relatively higher education than him. Madam Liao finished her primary school education whilst her husband is illiterate. She also manages money of the family because of her husband's gambling habit. The couples have two children, including one boy at the age of fourteen and one girl at the age of twelve. Madam Liao is satisfied with her daughter's self-discipline in study but worries about her son's future because he has no interest in study.

Madam Liao' family obtains some disability-benefit resources, including the minimum living allowance of five hundred per month, a free TV set and free treatment when she is suffering relapse. Madam Liao's husband finds temporary labor work in the neighboring villagers and turns in all the money he earns to her. She collects rubbish to subsidize the household. However, her way of making money, together with her behavior when suffering relapse, results in her children's being teased by their peers. Madam Liao usually suffers relapse once each three months and her husband arranges her to stay at home during this period so that he can get immediate assistance from neighbors.

Case 10 Madam Yang

Madam Yang was born in 1962 and she is a woman with psychiatric disability. She got mental illness at the young age because of being cheated by the first lover. Madam Yang graduated from a technical secondary school and got a job at the finance office in the Township. Her salary is around three thousand after retirement. All of her income is spent on the treatment. Madam Yang got married at the age of twenty-six and she has a son with her ex-husband who works at the police station in the Township.

Madam Yang's illness becomes more serious after getting married. Her mother suspects that it is because she is beaten frequently by her ex-husband. Eight years ago, Madam Yang's situation was quite bad and she was sent to the mental hospital in the capital city by her maiden family members. She received treatment for three months. During her treatment period, her maiden family exposed her husband's extramarital affairs and her parents sued for divorce on their won initiatives. She was forced to sign the divorce agreement by her parents as the condition of leaving the mental hospital.

After returning from the mental hospital, Madam Yang's mother, who is over seventy years old, takes care of her in the daily life. Madam Yang stays at home, watching TV and sleeping and seldom goes out except traveling outside the province once per year with her parents. Madam Yang's son is preparing for the entrance examination for the college this year and pays visit to her once each month. Madam Yang's parents expect the grandson to take care of his mother after their death.

Case 11 Madam Chen

Madam Chen was born in 1965 and got married at the age of thirty. She is a woman with hearing and verbal disability since an accident in her childhood. She has a son who is fourteen years old. Madam Chen delivered nine babies, but only one survives. Other infants died of various reasons, such as poor nurturance and disease. Madam Chen's temper becomes worse after the continuous death of babies. Madam Chen's son was nurtured by her husband. This also alienates the mother-son relationship.

Two years ago, Madam Chen's family moved to live with her parents-in-law and a blind brother-in-law because of the poor health of the parents-in-law. Living together arouses lots of conflicts of this family. Madam Chen conducts domestic violence against her mother-in-law and nobody can discipline her except her husband. As a result, her husband can only find a job in the village to keeps an eye on the family. Madam Chen's husband cannot understand her violent behavior on his family members, including his mother and blind brother. However, he chooses to tolerate his wife's behavior.

Madam Chen has good relationship with her husband and she takes good care of her husband. The husband, who is six years older than Madam Chen, is satisfied with his wife despite her disability and violent behavior. His family is the poorest one in the village and it is hard for him to get married. He got acquainted with Madam Chen at the age of thirty one and they got married without paying the bride price and holding a wedding feast. When the couples have conflicts, Madam Chen usually goes back to her brother's. Sometimes her older brother tends to intervene in the spousal conflicts, which makes her husband unhappy.

Madam Chen's family obtained the minimum standard of living with five hundred each three months. The whole family depends on the husband's part-time job, working as a worker in the village. However, it is difficult for the husband to find a job because of his old age and lower education. Madam Chen's son quit school two years ago and he needs to wait for the application of ID card when he achieves sixteen. He plans to work as a migrant worker outside the province and makes money to build a house in the village.

Case 12 Madam Li

Madam Li is thirty-five years old and she is a woman with hearing and speech disability. Madam Li is the second child of her family which has four children. Another two brothers also have hearing and speech disability. Although being disabled, Madam Li's mother trained her daughter to do various domestic chores and needle work when she was young. She can go to the Sunday market for selling and purchasing without any barriers. Madam Li is praised by villagers in terms of her smartness, industriousness and competence. When Madam Li was at the appropriate age for marriage, she fell in love with a boy who built the road in the village. However, Madam Li's mother disagreed with their marriage after paying a visit to the boy's hometown because of the poverty and geographical remoteness.

Madam Li chose to get married with her neighbor whose family also has a brother with visual disability. Her husband is only two years older than her and one year after their marriage, they had a son. The boy is nine years old and attends the third grade in the local elementary school. Madam Li's in-laws treat her very well. Living close to her maiden family, Madam Li also obtains lots of help from her mother in everyday life. According to the description of Madam Li's mother, her daughter has a strong personality. The young couples never fight in their ten-year marital life.

Madam Li's husband gave up working as a migrant worker in Guangdong province after their son was born because Madam Li could not take her son to the hospital and explain to the doctor what happened when the boy was ill. Madam Li never attended a special school to receive education due to the poverty of her family. Her gesture language is understood only within family members. It is difficult for her to communicate with other villagers. Madam Li's husband is the main breadwinner of the family. He finds a temporary job as a construction worker near the village and thus he can take care of the family. By contrast, Madam Li stays at home and takes responsibility for all the domestic affairs and looks after their son.

Case 13 Madam Sun

Madam Sun is at the age of thirty-eight and she is a woman with intellectual disability. She is the second child of her family, with an older brother, an older sister and a younger sister who is adopted. Before her marriage, Madam Sun helped her mother with domestic work and nurtured her youngest sister. Her sister-in-law disliked and excluded her. Madam Sun got to know her husband who is from Sichuan province when he worked for her family to build a new house. She decided to get married with him because he was a craftsman and could support a family. The maiden family of Madam Sun distributed a land for her and the young couples built their own house on the land.

Madam Sun gave birth to a girl with intellectual disability one year after her marriage. The couples got another birth permission to have another baby. However, the second baby died in the hospital due to illness one month after her delivering. Madam Sun's husband is frustrated by the daughter who is refused admission by the public school. Teachers do not know how to teach her. The little girl was bullied by other peers in the private school. As a result, Madam Sun's husband decided to keep the seven-year-old girl at home without attending school. He is pessimistic about his old age because Madam Sun received ligation and they cannot have another child without disability.

Madam Sun’s mother helps her to nurture her daughter because her mother queries Madam Sun’s ability of taking care of the little girl. Without the companion of the daughter, Madam Sun lives a boring life every day. Her husband works from the early morning till late in the evening. Madam Sun spends much of her time on watching TV or wandering on the street. Since Madam Sun’s disability has influence on her cognition and behavior, her family is managed by the husband. Madam Sun described a harmonious spousal relationship whilst her sister said that Madam Sun sometimes suffered domestic violence from her husband. Madam Sun’s family obtains the minimum standard of living and her mother helps to manage the money because she lacks trust in Madam Sun’s husband.

Case 14 Madam Li

Madam Li was born in 1989 and she is a woman with severe intellectual disability. She is the oldest one in the family with another brother who has slight mental retardation. Madam Li got married at the age of eighteen and her husband is a man with hearing and speech disability. The couples live with the husband’s family members, including an older brother with hearing and speech disability and his son, and parents-in-law. Madam Li is afraid of strangers. Therefore, at the early years of her marriage, she ate alone in another room, rather than staying with other family members.

One year after marriage, Madam Li was found as infertile. The couple did not go to the hospital for any examination due to poverty. Madam Li's mother-in-law is unsatisfied with her because of her infertility and expressed her regret for arranging this marriage. Madam Li works as an assistant labor in her husband's family, helping the mother-in-law with various domestic works, including cleaning, cooking and feeding poultry. Madam Li needs instructions for lots of domestic affairs, which makes her mother-in-law angry and impatient. Her mother-in-law complained that it was so difficult to teach Madam Li to manage domestic work.

Madam Li is taught to pasture from a relative with visual disability. Since Madam Li cannot distinguish crops from weeds, her mother-in-law seldom arranges for her to pasture in the harvesting season. Madam Li's husband works as a welder in the county and he takes Madam Li to the Sunday market each week. According to the mother-in-law, the young couple never fights and has harmonious relationship. Madam Li's maiden family is quite close to her husband's house. It takes only twenty-minutes walking. However, she is reluctant to go back to visit her parents because there are more family members in the husband's family and she can enjoy more fun. However, her mother pays frequent visit to her to make sure that her daughter lives a good marital life.

Case 15 Madam Lu

Madam Lu is forty-years old and she is a woman with hearing and speech disability. She is the youngest child in her family, with other three brothers. Madam Lu got married in 1995 when the bride price is only several kilos of rice. Her husband is fifteen older years than her. Both families were in extreme poverty. After her marriage, Madam Lu delivered six children in total but only two of them survived. According to her husband, nobody had expected that Madam Lu could not breast feed the baby until they found the fourth child starved to death. As a result, Madam Lu's husband had to take responsibility for nurturing their children when they were young. Their oldest daughter is twenty-three years old and she has two children. Their son works outside the province as a migrant worker and sends money back each month.

Madam Lu can do various domestic works, such as cooking, pasturing, doing needle work and chopping firewood. Madam Lu and her husband lived with her mother-in-law after their marriage. However, Madam Lu was reluctant to take care of her mother-in-law who was paralyzed in bed and her husband found it difficult to persuade her to provide assistance. Therefore, Madam Lv's brother-in-law took the responsibility for looking after her mother-in-law. Generally speaking, Madam Lu's husband is satisfied with his wife. He always criticizes his daughter for not being as competent as his disabled wife.

Madam Lu's husband denied that he beat his wife. However, their neighbor said Madam Lu was beaten by her husband at the early years of their marriage because her husband had bad temper after drinking. The maiden family of Madam Lu got involved and stopped her husband's violence. Sometimes neighbors also criticized Madam Lu's husband when they heard her crying. The family got disability-benefit resources, such as the minimum standard of living and coal for winter.

Case 16 Madam Wang

Madam Wang was born in 1973 and she is a woman with hearing and speech disability. She became disabled at the age of seven because of injection. Madam Wang is the second child in her family, with an elder brother, a younger brother and two younger sisters. She never attended school due to poverty. Madam Wang got married at the age of twenty three and her husband is fifteen years older than her. They live independently after the marriage because the husband's family divided the household before their marriage. Therefore, the couples obtained no support from in-laws with domestic affairs as well as child rearing. Madam Wang has two boys, with the oldest one being fourteen years old and the younger one twelve years old.

Madam Wang is a competent woman who can take care of family members very well. She takes responsibility for all domestic chores whilst her husband earns money by labor to support the family. Madam Wang prepares food, feeds poultries, pastures cows and cleans the house. She also weaves wool slippers for the husbands and sons with beautiful design. Her husband praised Madam Wang in terms of her smartness because she can weave some difficult design whilst other non-disabled women in the village cannot. Another satisfaction of Madam Wang's husband arises from her ability of farming. She can transplant rice seeds very quickly.

The couples have good relationship. Madam Wang's husband said that the only spousal conflict was caused by disciplining children. When the husband punishes children physically, Madam Wang usually quarrels with the husband because she does not understand why they are beaten and it is difficult to explain what has happened to her. This embarrasses Madam Wang's husband and he thinks sometimes his wife cannot understand "normal" people's world. Madam Wang's two sons express their pressure when they could not understand their mother at the young age. However, it is much better when they grow up and they develop gesture language to communicate with Madam Wang. The two boys sympathize with the family's poverty and they never ask for new clothes and shoes. Both of them plan to work as migrant workers after sixteen to change the family situation. The family got the minimum standard of living, with five hundred each three months.

Case 17 Madam Zhong

Madam Zhong is fifty-six years old. She became disabled at the age of twenty because of polio. Being an orphan, Madam Zhong lived a life with the second brother who has psychiatric disability. Her oldest brother joined the army and lived in Hunan province. When she became disabled, Madam Zhong could not move. A warm-hearted relative made a four-wheeled box for her to move around. However, her sister-in-law chopped it as firewood and abused Madam Zhong verbally. Madam Zhong could not stand being abused by her sister-in-law and she decided to take suicide. She moved with two small wooden chairs to the street to buy rat poison. On her way to the street, one man, who is also an orphan, invited her to take a rest. After he knew that Madam Zhong was going to attempt a suicide, he asked whether she was willing to marry him. Considering the life was hard living with the brother, Madam Zhong decided to get married.

Madam Zhong has four children, including three sons and a daughter. She took care of her children very well even though the family was extremely poor in the 1970s. She borrowed rice and cooked for children whilst the couples ate corn. Villagers praised Madam Zhong because she could nurture children much better than other non-disabled women in the village. She cares about on children's moral education and sets an example for children how to be a moral person. Madam Zhong's three sons work as migrant workers and they contribute money to parents for building a new house. She takes pride in her children.

Madam Zhong's husband is four years older than her and he is a person with good temper. The couples support each other, especially when the family was poor in the past. If they quarreled, children would stop them. Madam Zhong and her husband help the oldest son to take care of his daughter at present. Madam Zhong takes responsibility for the granddaughter's food and dressing, and her husband sends the little girl to the kindergarten every day. Although Madam Zhong's family is qualified to apply for some disability-benefit resources, she chose to give up to avoid being humiliated. She obtained comfort from her sons who express their willingness to ensure her old age.

Case 18 Madam Zhang

Madam Zhang was born in 1964 and she is a woman with intellectual disability. She knew nothing about her marriage except it was arranged by her aunt who is the only relative of Madam Zhang. Her husband is twenty years older than her but he had a good job in an electricity factory with high salary. However, Madam Zhang's husband was a heavy drinker and always beat her after drinking. Nobody could stop him, even his brother who lives as their neighbor. Madam Zhang sometimes fought with her husband when she was abused. Madam Zhang becomes a widow recently when her husband died one month ago due to overdrinking. She said that her life is much better after her husband's death because nobody abuses her.

Madam Zhang has two children, one boy who works at the same factory as his father and one daughter who has been married. Madam Zhang obtains lots of help from her sister-in-law who is also disabled. She cannot take care of her children. Madam Zhang delivered her babies in the toilet and her sister-in-law helped her to take babies back home and nurtured them. Madam Zhang's daughter sometimes pays visit to her mother and brings some new clothes for her. Madam Zhang obtains widow subsidy from her husband's factory. Considering Madam Zhang's disability in managing money, her old aunt goes to the factory to take the money, buy daily food and send it to Madam Zhang each month. Madam Zhang lives alone at present. She helps her sister-in-law to pasture cows every day and then she can pick vegetables in the field without any payment.

Case 19 Madam Zhou

Madam Zhou is forty-five years old and she is a woman with physical disability due to polio. Madam Zhou walks on crutches and her mobility is limited. She is the only one among nineteen interviewees who finished high-school education. Being the oldest child in her family, Madam Zhou was urged by her parents to get married as soon as she graduated. Her parents selected a man who is sixteen years older than her but he works at an electricity factory with a good income. The couples always fight after their marriage because of difficult communication arising from age discrepancy. Madam Zhou's husband went back home once or twice per year. They had a daughter three years after marriage. Madam Zhou divorced when her daughter was four years old because the couples fight seriously.

Madam Zhou' parents-in-law helped her to nurture her daughter after the divorce because of her disability. She is the first person with disability running a grocery in her village. After divorce, one friend of Madam Zhou introduced her to work at a construction site where she met her second husband who is four years younger than her. They got married and Madam Zhou's husband treated her very well. Later, the couple moved back to run a shop selling decorating material. Madam Zhou's husband was in charge of stocking and she stayed in the shop for selling. Madam Zhou described how happy she was in the past ten years. However, her husband has extramarital affairs and left the village with all family savings. Without the support of relatives, friends and her daughter, Madam Zhou said that she had once committed a suicide.

Madam Zhou's husband wanted to come back but she rejected him. She went to Sichuan province where her husband lived to divorce him. Madam Zhou's husband got married and divorced one year after his marriage. Although he felt guilty, Madam Zhou did not trust him anymore. Experiencing two marriages and influenced by the divorce, Madam Zhou feels inferior in contrast with her classmates in high schools. Although she pretends to be happy in front of others, she feels painful and lonely when going home. Madam Zhou runs a grocery to support herself and her daughter at present. She gave up the application for the minimum standard of living because she witnessed somebody being humiliated by an officer in the course of application.

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