

CULTURE OF CAREGIVING IN A FAITH-BASED ORPHANAGE
IN NORTHEASTERN CHINA

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Submitted to the graduate faculty of
the School of Education in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy

University of Pittsburgh
2007

UNIVERSITY OF PITTSBURGH

SCHOOL OF EDUCATION

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This project is a single case study of a private orphanage in Northeastern China. Three questions guided the investigation at the orphanage: 1) What do providers believe is their role in meeting the children's social-emotional needs? 2) How do providers' routines support children's social-emotional development? and 3) How do providers integrate their faith in caring for the children? Observations of and conversations with the orphanage director, co-director, and two direct-care providers were analyzed along the following four categories: Parenting Style, Dependency Paradigms, Daily Routines, and Spiritual Attributions. Data was hand-coded and analyzed for relevant themes within the four categories. Results support previous research suggesting Chinese parenting is best described as a blend of authoritarian and authoritative styles. Results also indicate that adult providers' intentional identification with traditional family roles (father, mother, aunt) provide the intimate environment that fosters children's social-emotional development. Additionally, a blending of both institutional and family care frameworks were evident in the daily routines of providers. Spiritual Attributions of God as a Source of Meaning and God as My Helper were significant contributions to the emotional support of providers and provided the vehicle for passing on spiritual beliefs to children.

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PREFACE

Experiences have certainly shaped my life's path. However, along that path have been incredible people who have inspired, supported, and taught me. First, my husband and my parents, who without their help in watching the children during endless days of writing, I might never have finished. Second, my research advisor, academic advisor, and friend, Eva Shivers. Thank you for your faith in me and your inspiration to look beyond a dissertation to find a truly meaningful project. Thank you to the other members of my committee. Chris Groark has been a wonderful mentor in international orphanage research. Thank you to Jessica Griffin Burke who took a very quantitative person and taught her the joys of qualitative work. Thank you also to Carl Johnson. I am a person who 'misses the forest for the trees'. Thank you for helping me take steps back in my thinking to look at the 'forest'.

A word of thanks also to my American friend for coordinating this study amidst everything else you do to help the Chinese people. Finally, I wish to thank the beautiful staff at the orphanage. I recognize the sacrifices you made in granting me the privilege to learn about your life, your struggles, and your joys.

1.0 INTRODUCTION

China's orphan population was estimated at over 350,000 in 2003 (UNICEF, 2004). Several aspects of China's social system have contributed to the yearly increase in numbers of orphaned children. Lack of financial provisions for the elderly, disabled, and medically fragile citizens of China created conditions that have led many families to abandon their child. For instance, most rural Chinese citizens do not have a social security system in place, so some children are abandoned because the family simply can not afford to feed another person. Many children with disabilities are abandoned because parents do not have the financial or social resources to care for a child with a disability. Additionally, the rise in parents dying from AIDS/HIV has contributed greatly to the orphan population, especially in the last few years (Shang, 2002). Political policies have also indirectly led to increases in abandoned children. In 1979, China began its one child policy. Adhering to the one child policy is viewed as patriotic (Festini & DeMartino, 2004). This policy is more strictly enforced in urban than rural areas where many families can legally have more than one child. When parents give birth to a daughter rather than a son, they are faced with a dilemma. Do they keep their daughter, knowing that when she marries she will leave to become part of her husband's family? Or, do they abandon the baby somewhere where she will be found so that the family can attempt to have a son whose wife will care for them in their old age?

This ongoing issue resulted in millions of orphaned children needing care outside of their biological family's home (Johnson & Klatzkin, 2004). Since the communist government came into power in 1949, orphans have been cared for in Social Welfare Institutions (SWIs). SWIs are government-run orphanages located throughout China, with the heaviest concentration in urban areas. The Chinese government assumed financial and administrative responsibility for the SWIs, leaving care in the SWIs dependent upon the financial and political resources of the nation rather than on the need of the children (Shang, 2001). Recent financial and political changes have benefited the orphanages in terms of financial resources. China's expanding economy and willingness to allow partial privatization filtered into the orphanage system (Spar, Oi & Bebenek, 2006).

Specifically, 2005 marked the beginning of a new era for orphans and child care providers (I use the term child care providers and caregivers interchangeably to refer to the non-parental persons in SWI and private orphanages responsible for the day to day care of children). Changes were proposed that have the potential to impact thousands of orphans and caregivers across China. Formerly China's Ministry of Civil Affairs was responsible for overseeing SWIs in addition to all other duties related to adoption and social welfare. In 2005, the Ministry of Civil Affairs (MOCA) mandated that China Center on Adoption Affairs (CCAA) would now be solely responsible for overseeing adoptions and everything related to institutional care for orphaned children. With this mandate came a new policy initiative. The CCAA (2005) made an announcement on their website which read as follows:

[CCAA will be responsible for] making studies and proposing recommendations on scientific child-raising programs in social welfare institutions; making studies and proposing recommendations on criteria and standards for work of child-raising in social welfare

institutions... training course for some staff from the social welfare institutions...start a research training textbook for the work of child-raising in Welfare Institutions in China. (http://www.china-ccaa.org/etfy/etfy_index_en.jsp, p. 2)

1.1 RECENT TRENDS

In August of 2005 CCAA, in conjunction with other professional and humanitarian organizations, held the first National Social Welfare Institute Child Care Training Conference. Attendees of this conference included government officials, SWI directors, and caregivers. The goal was to help establish national guidelines for training orphanage caregivers in social welfare institutions. This was a progressive change in China's policy for the care of orphaned children. It is hoped that the new policy change will lead to orphanage care focused on orphans' emotional, social and psychological health in addition to their physical health. Jenny Bowen (2005), director of a non-governmental organization (NGO) called "Half the Sky" was part of the meeting announcing the Chinese government publicly recognized that providing "nurture and individual attention is every bit as important and basic to the welfare of young children as are food and shelter and medical care" (www.halfthesky.org/06news, p. 1).

The new standards for orphan care will not simply meet the children's needs for physical health, but will include standards of caregiving to promote healthy social and emotional development. However, one detail of this progressive movement must be considered. At the end of nearly every statement made by both the MOCA and CCAA the words 'in social welfare institutions' appear. This new policy and training initiative is available to caregivers working in government-sponsored SWIs, not in privately-operated orphanages. While the majority of

orphans are cared for in SWIs, the percentage of children cared for in alternative placements (such as foster care and privately run orphanages) is increasing yearly (Shang, 2002). Research will be forthcoming in SWIs when the policy initiatives are implemented. However, no research will be available on care provided at private orphanages. This study will contribute information regarding caregivers' experiences in privately-operated orphanages.

1.2 PURPOSE OF THIS PROJECT

As previously stated, changes in China's stance on privatization led to changes in how care was provided to orphans. During the 1990's, China's MOCA granted special consideration for a select number of foreign organizations to care for orphans. Orphans at these institutions are cared for with donations from private organizations and individuals, however, and do not receive funding from the government. Additionally, the caregivers do not receive funding or training from the MOCA or CCAA. All land used to build new housing for such organizations must be purchased from the government. To date, there is scant to no information available about private caregivers or any governing policies controlling the standards for workers in private orphanages.

CCAA also made clear that courses and materials for training will utilize the international community and draw upon the knowledge of child care professionals from within and outside the People's Republic of China (CCAA, 2005). While much information may be known about appropriate child development and care, little is known about the specific caregiving practices in China or how caregivers currently care for children in government-operated or private orphanages. This study intends to provide one piece of information regarding caregiving experiences of caregivers in a private orphanage.

Currently, little is known about the individuals who are responsible for the care of Chinese orphaned children. How are the caregivers selected? What are their beliefs and thoughts about caring for children? How much do they know about child development? What type of support do they receive? These are the basic questions that could be asked of any caregiver in any part of the world. However, this study is not about any caregiver in any part of the world. It is specifically about caregivers in a unique situation. These caregivers are given the responsibility of meeting the needs of children who have been abandoned or whose family members are no longer living. They are performing their duties in a small, rural town in northeastern China—often called the “rust belt” of the nation. They are also integrating their Christian faith into a Communist country with long-held Chinese values and beliefs.

Through information gained from interviews and observations, this study will explore how caregivers meet the needs of the children in their care and how their beliefs about child development impact the type of care provided to the children. The information obtained at the privately-run, faith-based orphanage in Northeastern, China will be viewed from an ecocultural perspective (Bronfenbrenner, 1979 Rogoff, 2003; Weisner, 2002; Whiting & Whiting, 1963) in order to gain an understanding of the complexities of the interaction among the children, caregivers, orphanage, community, and larger Chinese culture.

The goal of this research project is to learn how caregivers care for the children in one privately-run, faith-based orphanage and how the caregiver’s beliefs about child development impact the type of care provided to children. Because little, if any prior research exists on this special population, this study will be exploratory and descriptive in nature. The study will focus on supporting answers to the following questions: 1) What do caregivers believe is their role in meeting the social and emotional needs of children in their care? 2) How do the caregivers

integrate their faith in caring for the children? 3) How do caregivers support the children's social and emotional development through their daily routines?

The conceptualization of this study's design is broadly informed by Rogoff's theories about culture and development (2003). Rogoff encourages observers of other cultures to separate value judgments from one's understanding of the patterns of a culture. "To impose a value judgment from one's own community on the cultural practices of another—without understanding how those practices make sense in that community-- is ethnocentric" (Rogoff, 2003, p. 15). The underlying goal, driving my larger research agenda is to eventually identify patterns and pathways for optimal development. However, in this initial phase of research it is imperative that all evaluations and value judgments be suspended during data collection to explain and explore other ways of caring for children in this specific Chinese culture. Rich descriptions of caregivers' practices and beliefs will be necessary in order to design and implement meaningful interventions in the future.

2.0 FORMATIVE EXPERIENCES

Rossmann & Ralli (2003) assert that a researcher must consider her own personal “biography”, ways of communicating, and ways of interacting with participants. As researchers we have our own cognitive and emotional schemes we use when interacting with others. We must be aware of our own preconditioned ways of thinking and responding to people or situations and be able to account for those during our work. The goal of any researcher should be to acknowledge personal values and beliefs and recognize how those beliefs may impact the scholarly work being conducted. Rather than pretend to ‘sanitize’ the study from our perceptions, Rossmann & Ralli (2003) suggest that the researcher “values his unique perspective as a source of understanding” (p. 10).

2.1 MOTIVATION FOR STUDY

The current research project is a fusion of my identities as a Christian and researcher. Until this time, my professional and personal worlds have been relatively separate. The scholarly work I have engaged in has been void of any religious elements, focusing on quality of childcare programs and characteristics of childcare providers. One difficulty in conducting this study is how to ‘professionalize’ Christianity when Christianity has been solely a personal, intimate part of my life. There have been well-known Christian scholars in apologetics that have successfully

combined research endeavors and faith (such as Josh McDowell and Lee Strobel), causing me to believe that the two can successfully be combined. Nevertheless, I began this project when an academic advisor admonished me to select a dissertation topic that could extend beyond my time as a doctoral student. She encouraged me to select a project that I was both passionate about and that would make a unique contribution to my field of study. I selected this project because I saw my professional work as one way of fulfilling my “calling” to the Christian faith. I intend to do this, not by ignoring either aspect (faith or science) but by balancing the inclusion of both. At various times throughout my stay at the orphanage, I found myself engrossed in the role of researcher. At other times, I felt as if I were simply a fellow Christian spending time in worship and fellowship with my sisters and brothers in Christ. Pieces of my analysis will include impressions and interpretations that will be influenced by my own Christianity. Other elements of the analysis will be rooted in my secular, professional training in caregiver evaluation and training. My experience in both roles is what crafted this project into a scholarly endeavor containing elements of my own shared faith.

2.2 FORMATION OF STUDY

The start of the research project began not with the literature review, research questions, or data collection at the orphanage; it began in a conversation with the local pastor from my church and a Chinese adoption agency.

Initially I interviewed a family with two children adopted from Russia as part of a course requirement. After completing the write-up of the interview, the professor informed me of an intervention study being conducted by the University of Pittsburgh Office of Child Development.

Researchers and educators from Pittsburgh and Russia were developing training programs for orphanage workers in St. Petersburg, Russia. A few months later, I came across a notice from my church that advertised the opportunity to participate in a ten-day mission trip to China. I began to envision how I could combine my knowledge of child development with this opportunity to help an orphanage in China.

I contacted the coordinator of the Chinese program and told him of my doctoral study and experiences in the field of child development and that I would be available if he and the orphanages he financially sponsored were interested. The program director was instantly interested. He explained that just a few weeks before my call, the president of the Chinese/American foundation sponsoring the orphanage (Living Hope) asked if there was anyone available who could teach the orphanage staff how to care for the psychological needs of the children. A year later, I was planning my first trip to China.

Despite receiving information from the University of Pittsburgh Office of Child Development on how the manual for Russian caregivers was developed, I felt that I could not sufficiently develop a manual without ever having met these caregivers or having traveled China. I had worked as a consultant to child care providers, and strongly believed that the best way to truly effect change in a caregiver's behavior or philosophy was to develop a relationship with the caregiver, understand the setting, and then mentor the caregiver over a period of time. The commitment had been made, though, to produce some type of manual. To make matters more complicated, I was informed by several people at Living Hope that the orphanage's director was very resistant to change. The Living Hope employee (an American living at the orphanage) informed me that he was unable to implement any positive changes because the director would "lose face". I was told that my visit would be very pleasant and everyone would be treated as

honored guests—the children are typically instructed on what to say and how to behave when foreigners come. However, once we left, the director would go back to doing things his way. With guidance from several professors, I decided to make this trip a fact-finding trip, one that would inform my future directions for my dissertation the following year.

I traveled to China in 2005 with the first few chapters of a manual about the emotional needs of school-aged children in hand. Our group spent four days interacting with the children (N= 23), talking with the director and his wife about the church and orphanage he manages, and hearing from the American Living Hope employee of his experiences with the director and children. The time spent observing the children and caregivers and talking with the orphanage director helped me gain a small understanding of how this particular sub-culture operated. The orphanage (to which I will refer as ZX), just south of Beijing, was accustomed to having many foreign visitors. When our group commented on how wonderful the food tasted that was prepared for us, the American who lived at the orphanage (as an employee of Living Hope) told us that the chef is told to accommodate the tastes of whatever group is being hosted. ZX receives thousands of dollars from Westerners to support the orphanage and the director works very hard to cater to foreign visitors in hope that their money will continue to be given to keep the orphanage operating. The children were all given Western names to use when Westerners visited to make it easier to for us to pronounce. The apartment in the orphanage building where we were staying had running water and Western bathroom facilities. ZX is one large building with several bedrooms, one kitchen and one common study room in addition to the apartments for the director and Living Hope employee. There were two women who cared for all of the children, but children were not assigned a “primary caregiver”. The role of caregiver was not the only role for each of these women. One of the providers was the director’s wife and mother of three biological

children. The other woman helped with cooking duties and directed the church's band and choir. While the two women provided most of the care, care was also provided at times by the orphanage director and the American Living Hope employee. Discipline was primarily conducted by the director.

When we met, the director of the orphanage conveyed his frustration over not knowing exactly how to instruct the children, especially those who repeatedly defied him. He appeared eager to hear my suggestions. I offered to share the manual, suggesting that understanding *why* children of certain ages behaved in predictable ways might help everyone understand how best to help them. We had a brief time of sharing the manual when the idea of mentors (young adults or families from the church participating in a "big brother/big sister" role) for the children was mentioned. The director mentioned that a few Bible school students (also under his direction) were already given the task of working with small groups of children. The director stopped the meeting and scheduled a time for the Bible school students to meet with me that evening. The meeting proved insightful, both for me and for the students. Most of the questions centered on the struggle of when to provide discipline or consequences for misbehavior and when to forgive and show kindness and affection. These Chinese students assumed that the two could not coincide together. Their behavior management dilemma stems from their belief that caregivers need to respond, either with discipline or with "love", and have difficulty understanding that the two can be carried out simultaneously.

After visiting ZX for several days, our group traveled north to a small rural village in Northeastern China. This second orphanage (to which I will refer as LZ) also worked hard to make their guests feel welcome during our brief three hour visit. However, the food was traditional Chinese food of that region and not prepared to accommodate Western tastes. The

children only used Chinese names, which were indeed difficult for the Americans to pronounce. The children did not prepare any special program or song for us like the children from ZX. There was no running water noted at LZ. When I needed to use the bathroom facilities at LZ's office/meeting area, the staff led me outside to a wooden, three-sided structure that had a pit dug in the center of the dirt floor. LZ has only one Chinese organization providing money for the children's schooling and food. The orphanage at LZ has three separate apartments located near each other. Each apartment functions separately, with its own bedrooms, kitchen and living area. There is one caregiver for each of the three homes, each home containing approximately 9 children. I was told that the caregiver lives with the children on a permanent basis. I did not ask what would happen if the caregiver was sick or need to leave the house for some reason. I was informed by our American host that the director is under much financial pressure. He stated that there were plans to expand the church and orphanage with the help of a wealthy man from Korea. However, when the local officials learned that a non-Chinese man was exerting much influence in this project, the Korean man was asked to leave the country and not supply any money or influence. Contracts had already been signed and some of the work begun, but the director was unable to meet those financial obligations when his funding source was removed from the country.

After visiting both orphanages, I concluded that studying LZ would provide useful information if the goal was to describe the Chinese caregiving practices and beliefs at a privately-operated, faith-based Chinese orphanage. The routines at LZ appeared more authentic and less Westernized. The goal of the study is not to examine how caregivers integrate Western practices into a Chinese orphanage, it is to examine how Chinese caregivers, participating in typical Chinese routines, provide care. The issue of social desirability is also a factor when

selecting the orphanage setting to be studied. ZX appears knowledgeable in and concerned with what Westerners expect to see when visiting an orphanage. LZ either was not as knowledgeable or as concerned with incorporating Western culture into visitors' experiences.

My dissertation committee and I agreed that LZ would provide the type of data needed to establish some baseline understanding of caregiving practices and beliefs in this sub-culture of privately-run, faith-based orphanages. As mentioned earlier, collecting this initial baseline data is a necessary step in developing effective training tools for this population.

3.0 LITERATURE REVIEW

3.1 THEORETICAL FRAMEWORK

As mentioned earlier, the content and design for this research study is informed by Rogoff's definition of culture which states that culture is not static; rather people change as they participate with their culture and culture changes in response to people (Rogoff, 2003). Culture can refer to multiple aspects of any size group. There is the political/historical context of culture as well as popular, moral, and religious culture. Culture can refer to the culture of a nation, an ethnic or religious group (whose members may be spread throughout many countries), a region, a community, or even a family. This work is also informed by ecocultural theory. This theory stresses the importance of combining and understanding of the ecology (such as economic, physical, political and social resources) of a group with the cultural traditions which impact individual behavior (Berry, 2004; Bronfenbrenner, 1979; Cooper, 1999; Rogoff, 2003; Weisner, 2002). Ecocultural theory has been used to understand human behavior and interactions in the fields of anthropology (Whiting & Whiting, 1963) and psychology (Bronfenbrenner, 1979). According to Georges & Berry (1995) ecocultural theory has two main tenants. The first is that all human societies have certain things in common, called cultural universals. Examples of cultural universals include the idea that all societies have some form of language, tools, social rules and customs (Levinson, 1997; Rogoff, 2003). The second is that behavior develops and is

expressed differently in response to ecological and cultural factors. Language provides one example of this concept. Chinese people do not place the same value on the expression of emotion as most western cultures, consequently their language has very few words to describe emotion or feelings (Hanson, 1985). Language is a universal cultural tool, but its use has been adapted to fit the ecology of where it is used (Bond, 2005). Berry (2004) argues that it is our investigations into the diversity of different groups which will lead us to understand the commonalities of us all.

Researchers such as Thomas Weisner (2002) have operationalized ecocultural theory. Weisner states that cultural pathways are made up of the everyday routines of life and it is these routines which “crystallize” culture in the minds of those who participate. Activities such as bedtime, homework, and music lessons are examples of units of cultural analysis. Embedded in these activities are the values and goals of a group as well as the scripts for how and when those activities should take place. If one is to look broadly at middle class American culture, the routines of daily living can provide a wealth of information about what is valued in that culture. Parents’ endless chauffeuring of children to piano lessons, soccer practice, girl scouts, and private dance lessons give us clues into what is valued in the culture. Observing how parents and children negotiate the routines of waking-up, getting ready for school/work, attending school/work, and evening activities provides a window into how this culture operates. These routine activities provide units of analysis when observing or interviewing.

There are certain routines which appear like long threads that weave through many sub-groups of the population, such as the practice of serving multiple dishes during a Chinese dinner. Other routines give the researcher information about the specific culture of one family unit, like who prepares the meals for the family. This idea of routines informing us about our culture was

made quite clear to me as I spoke with a group of young adults at an English Club in Anshan, China. In order to help the students receive practice speaking and understanding English and gain an understanding of American culture, the director of the English club asked our group of six Americans to visit with the students for a few hours. The Chinese students were incredulous as I relayed information about my children's chores around the house. I felt as if I had to justify why my husband and I require our children to take out the garbage, set the table, and fold laundry. I explained that they were not, in fact, being used as servants. I also explained that many Americans like to give children small responsibilities and increase them as children grow older to help prepare them to do these things as adults and share in the experience of being part of a family unit that works together. Apparently the Chinese students had the same reaction to two 16-year old American girls in our group who told the students about the chores they do at home. Most Chinese children, especially in urbanized cities, do not have chores as part of their daily routine. Their only job is to study and be a good student. The one child policy, which will be discussed in a later section, and cultural views of children as the "xiao huangdi" (Little Emperor) may have contributed to the privileged way in which many Chinese children are raised (Festini & DeMartino, 2004).

Observing or talking with people from other cultures about their routines gives us a portal into their world that shows us what they think, value, and believe. Focusing on routines can provide a more objective form for comparing and understanding cultures than philosophies and ideologies as long as value judgments are not made about the routines. For example, observing Asian families' interpersonal interactions might lead one to make the assumption that Asian families are not intimate with their children because they do not hug and kiss each other as often or in the same manner as American families. However, if routines were recorded, one might

discover that Asian families are intimate with their children, but at different times and in different ways. Observing routines and people's reactions to those routines can provide windows into an individual's development (Rogoff, 2003).

The activities highlighted by each culture impact not only how children develop, but how they are cared for. The psychology of caregivers, their theories of what children need, and how children should be cared for are all impacted by the historical customs and practices of child care. Super and Harkness (2002) identified three organizational aspects of culture which affect how children are cared for and how they develop. The first is *contemporary redundancy*. These are similar influences from multiple parts of the environment that provide specific training or support for certain abilities. An example would be the task of potty training that might be taught by the parent, supported by the child care center, and reinforced by friends. The second pattern of influence is called *thematic elaboration* where knowledge of social norms is expanded upon. This includes direct and indirect teaching of such processes as 'independence' and 'emotion regulation'. The third method of integrating culture into how we care for children is *chaining*. Chaining is the idea that no single aspect of the culture is sufficient for creating change in children or caregivers. Rather, influences on development and caregiver behavior would come from the linking of separate elements within the culture. For example, the way a caregiver responds to children's questions come from an amalgamation of the caregiver's own personal experiences, the expectations of persons in authority, information shared by the educational system of that culture, etc.

The daily routines within this orphanage are impacted by cultural and personal expectations, institutional and family frameworks, and personal faith. Because this orphanage is an institutional setting, it is hypothesized that daily care routines will focus on physical care and

lack a significant amount of social or emotional care routines. However, the Chinese emphasis on education is expected to lead to higher amounts of educational routines being observed at this orphanage than in other cultures. Furthermore, it is hypothesized that the spiritual component of this orphanage will result in many faith-based routines being practiced and elaborated among providers.

3.2 CONCEPTUAL MODEL

The current model draws from an ecocultural understanding of development by acknowledging that layers of systems not only impact how children development, they also impact how caregivers care for children (Bronfenbrenner, 1979). This model is bi-directional in that each level is assumed to influence the adjacent one. Figure 1 depicts each layer as it relates to caregiving in orphanages in China.

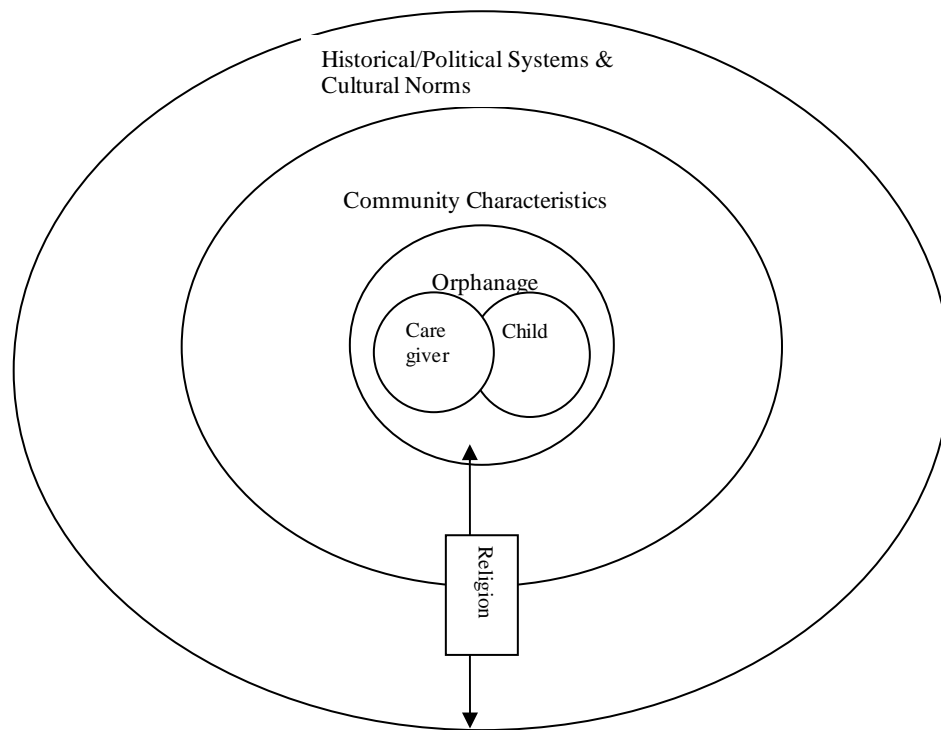


Figure 1 Layers of Cultural Influence

For the purpose of this study, the large outer system includes China’s history of sovereignty as a nation, economic development, and their political transition to communism in 1949 as well as the broader aspect of Chinese social norms/expectations. The middle layer includes the aspects of the local province, a community reflecting values, language and social norms of northeastern Chinese ethnic groups. The smaller layer of the orphanage culture contains the intimate layers of caregiver characteristics and child characteristics. The overlapping sections of caregiver and child represent the relationship of the child and caregiver.

The system operating among all three layers is the religious faith that is a large part of this particular orphanage culture, but marginalized in the mainstream Chinese culture (Jost,

1997; Gu, 2006) The following sections will describe each of these layers in more detail as it relates to discourse on institutional caregiving and approaches to child development.

3.2.1 Historical/Political Culture

The nation of China dates back to 2070 B.C. when the Xia Dynasty ruled the land. Twenty-one other dynasties followed until 1912 when China became the Republic of China. China has had a long history of fighting for their sovereignty. They have needed to fight off invaders from nearly every boarder at some point in time, with the Japanese being the most recent invader in the 1930's and 1940's. At the end of the war the already growing communist party, led by Mao Zedong, came into power. The nation was now known as the People's Republic of China (People's Daily, 2004).

The communist party was introduced to China by the Soviet Union in 1917 (China Internet Information Center, 2006). The ideology of the party appealed to the working-class people who were concerned for China's stability. Soon 'worker movements' were created all over China. The upheaval brought about during the Sino-Japanese war along with the worker movements and Marxist ideology provided the foundation for the formation of the communist party in 1949 (Gabriel, 1998). Mao Zedong Thought is the application and development of Marxism-Leninism in China. Still present today is Mao's 'Little Red Book', providing defense of socialism and denouncing imperialism and capitalism. Many scholars, artists and other professionals who were not part of the communist movement were now viewed as enemies or "poisonous weeds" (Poon, 2004) and were either killed or placed in prison (China General Chamber of Commerce, 2006; Gabriel, 1998). Mao was concerned with any contradiction to the communist philosophy, including religion.

In the following statement Mao asserts that restraining religious thought can be accomplished through conversation and education:

We cannot abolish religion by administrative decree or force people not to believe in it. We cannot compel people to give up idealism, any more than we can force them to believe in Marxism. The only way to settle questions of an ideological nature or controversial issues among the people is by the democratic method, the method of discussion, of criticism, of persuasion and education, and not by the method of coercion or repression. (Maoist Internationalist Movement, 1968)

However, many people were imprisoned, harassed, and even tortured for their religious beliefs when extreme “leftists” were in charge of the national government (Poon, 2004; Yan Jiaqi, G. & Kwok, D., 1996). Much of the religious freedoms experienced today depend greatly on the province officials. Some provinces are less interested in controlling the Buddhist, Catholic, Protestant, Muslim and Jewish faiths than others (S.Lilly, personal communication May 2005).

One of the communist party’s goals was to bring the separate groups of Chinese people together as one. The world may view China as one homogenous nation, but in reality there are 56 ethnic groups within the country. The dominant ethnic group is the Han who live all over China but are most concentrated in the northeastern region (Harrell, S., 1994). Ethnicity is important in China. Some minority groups are shunned and disrespected in the dominant Chinese community while others are valued (Halsal, 1996). This attitude exists despite every nationality being represented in the National People’s Congress of the People’s Republic of China and Mao’s own call for an end to “Han Chauvinism” (Poon, 2004, p. 8).

The post-Mao era has seen many changes under the leadership of Deng Xiaoping. Deng Xiaoping believed that China's future would depend on its economic power and international connections, not political dominance (Baum, 1994). The cultural revolution of the leftists in China was viewed as a horrific mistake and a setback for the true socialist cause. Toleration is now practiced to a greater extent than during Mao Zedong's era, but China continues to scoff at nations that value personal freedoms and liberties over provision for physical and educational needs of the people (CCAA, 2005). China's adherence to socialist principles has led many of its leaders to focus the government's attention on providing economic advantages to its citizens through provisions such as public housing and government jobs in government-run companies. The benefit of personal liberties such as the freedom of speech, religion, and media, is viewed as useless without first having basic needs provided for.

This attention to basic needs led the Chinese government to develop a system to care for its most needy citizens, the orphans, elderly and disabled. A central office (The Ministry of Civil Affairs) was eventually developed to oversee the care for these special populations. The political philosophy of China has governed the way the orphanage system has run, through one central governmental agency responsible for social welfare. Even today, orphanages are intimately tied into the political system of the county with the Chinese Center on Adoption Affairs appointed to oversee all orphanage and adoption related functions. During Mao's Zedong's era orphanages were established to care for the basic needs of life, food and shelter. Caregivers were political appointees. Foster care and privately-run orphanages were not an option. As changes in political ideology under the leadership of Deng Xiaoping occurred, so did the solitary political ties to the orphanage system. Foster care, privately-run orphanages, and training and national standards for government-run orphanages are now the new initiatives of the Chinese government.

3.2.2 Economics

These same political changes have also affected China's economy. For the last several decades, China had been what the business community refers to as a "planned economy"(McMillan & Naughton, 1993). The government owned most of the businesses. An individual's housing was provided through his/her connection to the company (or farm in rural areas). Groups called "collectives" were formed. Collectives can be thought of as a type of commune. For example, workers in a coal mine in Anshan might be part of mining collective #14. In Article ten of China's constitution it states:

Land in the rural and suburban areas is owned by collectives except for those portions which belong to the state in accordance with the law: house sites and private plots of cropland and hilly land are also owned by collectives. The state may in the public interest take over land for its use in accordance with the law. No organization or individual may appropriate, buy, sell or lease land, or unlawfully transfer land in other ways. All organizations and individuals who use land must make rational use of the land. (People's Daily, 2005, p.4)

Much unrest has resulted from this particular control of individual's personal lives, especially farmers (Su, 2005; Saich, 2005). The government has taken away land from farming collectives without compensation in order to expand both heavy and light industry(Jahiel, 2006. The recent shift to a "socialist market economy" has created some freedom for businesses and individuals (China Internet Information Center, 2003, p.1).

Conditions in the Chinese orphanages have been closely linked with the economic prosperity of the country. During the 1940's through 1980's China's economy was limited in growth and international connection, primarily because of the Communist Party of China's national philosophy (People's Daily, 2004; Watkins, 2002). Conditions in orphanages reflected

the government's "isolationist" policy (Robinson & Shambaugh, 1995; Kraemer & Dedrick, 2001) Orphans received the basics of physical care in government-controlled institutions, without involvement from private citizens or NGOs.

3.2.3 Education

The education system of China has been impacted by the "modernization goals" of the 1980's (People's Daily, 2004b). To meet the demands for workers in more technological and professional areas, China had to restructure their educational system. Reforms mandated that all children attend school for nine years (six years in primary school and three years in middle school). However, this law is not enforced uniformly throughout China. Rural and remote Western regions have been slow to implement this policy (Rong & Shi, 2001). It is reported that many families in rural areas either refuse to send their children to school or keep their child at home so that the child can help with farming duties and learn how to farm (Park & Hannum, 2001). Basic schooling is provided for all children, including orphans. However, the quality varies depending upon the area and province, with rural and remote Western areas generally having the lowest quality (Sargent, 2003). Unfortunately while China's Ministry of Education was advocating for more access to compulsory schooling in rural and mountainous regions, funds from the Ministry of Finance and local governments were not made available to make such an education free or at a greatly reduced cost. Xie(2001) found that most rural families yearly income is approximately US \$200 but the "annual fee per student in a lower secondary boarding school... is "not less than 1,000 Chinese Yuan (equal to 120 US dollars), which means half of the family income will be spent on one child's compulsory schooling (p. 6). Even in primary education, the government's funding usually only covers the cost of the building and teacher's

salaries. Cost for other materials such as books, pens, paper, and physical education equipment are supplied by the child's parents.

In an effort to give their child the best education possible, many middle and upper-class parents send their children to boarding schools, some as young as two years-old (Brassard & Chen, 2005; Tobin, Wu & Davidson, 1989). Many Western families could not imagine sending their child to a boarding school at a young age, but demand for private schools is increasing throughout China, with boarding schools comprising most of those private-school options (Brassard & Chen, 2005). China is spending billions of Yuan (currency in China, equivalent to US \$375,000,000) to construct boarding schools in western and rural China to serve poor and minority children (China Government Web Portal, 2006). A 2005 announcement by the Chinese government stated "Last year, China started construction of 1,694 boarding schools in rural areas which are expected to enroll 590,000 students (China Government Web Portal, 2005, p.1).

No specific rationale was found to explain the favoring of boarding schools in China. However, some practical implications have been made in the literature. First, many children in China are an only-child. Many parents believe that boarding school will help correct any spoiling that would occur if the child were to live with his/her parents (Murphy, 2004; Tobin, Wu & Davidson, 1989). Additionally, "citizens of the People's Republic of China have the right as well as the duty to work... work is the glorious duty of every able-bodied citizen" (China View, 1982, p.3), leaving the parents to either find elderly relatives or a boarding facility to care for their child while working. An issue for rural families is the distance children must travel to school. For some, it makes logistical sense to send their child to a boarding school. Some researchers have offered a political-philosophical rationale for the practice of boarding schools, based on the Chinese communist philosophy to promote the state's role in raising children (Spence, 1990).

Modern day China is more individualistic and privatized than during the Cultural Revolution of the 1960's and 70's. However, the traditional, collectivist belief system that the government with parents, share responsibility for preparing children for service in the New China may contribute to the ease at which parents relinquish their child's education and upbringing (Crittenden, 2000; Library of Congress Country Studies, 2005; Tobin, Wu & Davidson, 1989).

Why mention boarding schools in a study focusing on orphanages? Most orphans do not attend these boarding schools. However, the popularity of boarding schools in China shows a marked difference in the way parents, and Chinese society operates in comparison with traditional Western practices. Institutional care is not the ideal in America, nor is it a common practice. Those experiences are much more common in China, even among wealthy citizens. Students attending school who live in some type of institutional setting is not the aberration it is in America. This may have significant bearing on how Chinese view the orphanage culture. If large institutions are appropriate places to raise and educate children, especially wealthy children, why can institutions not be appropriate for orphans?

An added issue of relevance to this study is the caregivers' responsibility of educating the children in their care. Chen, Chen & Noh (2000) found that the social, emotional, and academic lives of adolescents in China are highly interrelated. In China, part of caring for a child's social/emotional needs is found in providing for their academic achievement (Shen & Peterson, 1999). The long-term issue for children living in orphanages is the lack of access to quality secondary schools and no financial provisions for post-secondary education or training. Most orphanages can not afford to pay for children to prepare for a career in a good secondary school or special vocational school. The government recognizes that this is a problem for orphans as well as poor rural students (China Government Official Web Portal, 2005). The government has

encouraged businesses to contract with students who can not afford to pay for their own training. Some companies pay for the students' training in exchange for a certain number of years of service for the company (China General Chamber of Commerce, 2006).

3.2.4 Family

Typically, cultural aspects of the family systems would be discussed in the more proximal, inner layers of ecocultural theory. However, China's national policies have such a defining impact on the family that I have chosen to discuss family settings in the larger national/historical context. Family living arrangements in Northeastern China are similar to the rest of modernized, mainland China. While this is slowly changing, much of the land, businesses and housing is owned by the state (Ho, 2001; Khanna & Oberholzer-Gee, 2006). Groups of apartment-type complexes are owned and operated by collectives (O'Leary & Watson, 1983). The average household size is 2.92 with an average total per capita income of 686 Yuan (approximately US \$85.00) (National Bureau of Statistics of China, 2004). One of the greatest impacts on the family has been the institution of the one child policy in 1979. In 1979, 25% of the world's population was living in 7% of the usable land (Hesketh, Lu & Xing, 2005). The idea behind the one child policy was to provide economic stability and better quality of life for China's future. What the policy has led to 25 years later is an increased ratio of boy births to girl births, 1:13 in urban areas and 1:3 in rural areas (Hesketh, Lu & Xing, 2004). The difference in ratios among rural and urban families is most likely the result of sex selection being more common in urban areas where the one child policy is more strictly enforced (Dai, 2001). Families in rural areas are often permitted to have two children, especially when the first child is a female. The policy has led many women to either abort their child when ultrasound reveals the woman is carrying a female

child, or, in the case of illegal second children, not receive medical care and either secretly keep or abandon the child after birth (Pflafker, 2002). Evidence of the second choice can be seen in the number of baby girls abandoned each year in public places (so that they are sure to be found) and brought to orphanages. Additionally, the household count of the population in 1995 showed 22% higher female population than was officially registered (Bogg, 1998). China's traditional favoritism for males is rooted in the desire to pass on the family name as well as ensure parents of someone to care for them in their old age. When daughters marry, they leave their biological family and attend to the husband's parents. Having a son means the parents will have a daughter-in-law to care for them when they are older (Johnson & Klatzkin, 2004). The Asian culture as a whole has long been known to favor males (Festini & DeMartino, 2004). Unbalanced sex ratios exist in countries such as Singapore (1:15), Taiwan (1:19) and South Korea (1:12). The one child policy in combination with China's long-standing preference for males has not just changed family life, it has changed orphanage life. Entire orphanages can be seen filled with only infant girls (Evans, 2001). Most of the males in orphanages are special needs children or children whose parents were killed or died when they were older. The abandoned infant girls are generally the children adopted internationally, leaving older children or children with special medical, cognitive or behavioral needs in long-term orphanage care.

The statistics for birth ratios and system of group-focused living arrangements is important when considering the uniqueness of the rural orphanage experience. A common experience for many rural, working-class Chinese families is government-owned housing, with a modest government-funded income. Privatized employment and housing is becoming more common in China, but has been limited primarily to urban areas at the time of this study (Wang & Murie, 2000; Huang & Clark, 2002).

Orphanages may not be the optimal environment, and orphanages differ from typical family housing and lack biological parent figures. However, the idea of someone else providing for one's care in a group setting is not as foreign an idea to the Chinese people as it would be in an industrialized, Western world. The interdependent nature of the Chinese culture and 'collectivist' society of China versus the 'individualistic' society of the United States makes the orphanage culture appear to be less of an anomaly for China (for more detailed discussion of collectivist culture see section 3.26). The collectivist/individualist difference can not entirely account for the continuance of the orphanage system in China. Orphanages are the primary means of caring for indigent children in traditionally individualistic societies such as Russian and the Ukraine. Furthermore, individualistic America had a system of orphanage care until the mid-1900's (Hacsi, 1998; Orphan Society of America, 2005). It was not until the 1950's when researchers pointed to the detrimental effects of current institutional care that our own system of social welfare for orphans changed. Countries, including China are seeing a shift in the way orphans are cared for as these countries focus on 'best practices' for healthy child development. A major source of this change has come from China's recognition that meeting children's social and emotional needs is as important as providing for physical needs (Shang, 2002). Additionally, China's recent move to privatize companies and housing, giving individuals more freedom to choose where to work and live has impacted how orphanages operate. The resistance to privatization and emphasis on government control no longer exists in the same way as it had. The national government, the system in control of most orphanages, is now willing to look to others, both domestically and internationally for new ideas and new ways of caring for children. Over the last few years, efforts to establish foster care programs have flourished (Shang, 2002).

Also, more NGOs (both foreign and domestic) have been granted permission to operate orphanages and small-group foster villages.

3.2.5 Religion

Historically, religion has played an important role in Chinese culture. Traditional eastern religions such as Taoism, Confucianism, and Buddhism were the major religions (Halsal, 1999). When the communist party governed China and the Cultural Revolution took place, religion was viewed as evil (Poon, 2004). Today most people in China report being non-religious, but Confucianism, Taoism and Buddhism are still practiced in some form, with many people borrowing from all 3 religions in practicing their faith. Christianity accounts for about 3% of the population, but exact estimates are difficult (China General Chamber of Commerce, 2006). Part of the difficulty in estimating Christian followers is that Christian churches are separated into two categories; Registered (Three Self Patriotic Movement and Chinese Patriotic Catholic Association) and “Underground churches”. The government monitors what is taught in the registered churches. For instance, Catholic churches are not permitted to give allegiance to the Pope and protestant churches are not permitted to teach several principles of basic Christian doctrine (currently the government is debating whether churches can teach about the resurrection of Jesus) (Potter, 2003). These restrictions have caused some followers of the Christian faith to establish illegal “house churches”. Most of the government’s arrests and reported intimidation of Christians have been focused on this group (Madsen, 2003).

The church operating the orphanage in this study is part of the registered Three Self Patriotic Church. The official government policy until recently was that religious instruction of children is illegal. In the last few years, the law has changed to allow parents to provide religious

instruction and permits those children to a government approved church. However, no other individuals or group may provide religious instruction or invite a child to church, including orphanage caregivers. Despite this law, many providences have turned their attention away from this law as long as the organization providing the religious instruction is not creating conflict within the province or inciting action against the government (Lambert, 2001) While not legal, the children do reportedly receive religious instruction at the orphanage and through the church that operates the orphanage. Yet, all of the children attend public school where they receive several hours of instruction in communist philosophy (China General Chamber of Commerce, 2006).

Some discourse has occurred addressing the conflict of religion and the state in the Middle East and Russia. Turam (2004) analysis of Islamic integration into civil society found a policy welcoming engagement between the two rather than disengagement in several areas, but found much resistance in the areas of education and judicial system. Thatcher (2006) reviewed several pieces of literature addressing religion's role in Communist Russia during the 1900's. Thatcher notes that conflict invariably arises when religion meets Communism. The conflict arises from differing world-views. Religion contains a belief about God as the creator of life and moral codes of conduct based upon a higher power than man and some sort of sacred writing. For strict communists, religion is a threat to a nation's "philosophical, organizational, and economic way of life... religion and communism are incompatible, both theoretically and practically" (Thatcher, 2006, p. 587). In much of the literature reviewed, Thatcher found an inability of communist ideals to penetrate rural areas and villages. Russian government officials admitted to closing only one or two percent of rural churches. Literature detailing religious

practices in China also point to strongly-rooted religious rituals and practices of villages and small communities (Overmyer, 2003).

While literature addressing religious activity in China is prevalent, a void exists in research documenting how caregivers (parental or non-parental) with minority religious beliefs negotiate transmitting their faith in a secular society. The caregivers in this study are part of the Three Self Patriotic Church. The choice to belong to a government sanctioned church rather than a ‘subversive’ underground church may dramatically impact *how* and *what* is transmitted to the children. It is possible that the willingness to submit to governmental authorities in church affiliation may lead to more compliance when transmitting Christian beliefs. This delicate process of negotiating religious and patriotic beliefs will be of interest in this study, especially since the traditional communist philosophy of China views any religion as a threat to the state. Religious beliefs and practices are tolerated to the extent that they do not interfere with the local and national party’s goals and ideals (Potter, 2003). It is hypothesized that the providers will express a personal struggle when deciding when to follow their own spiritual convictions and when to display loyalty to their government. The extent to which they follow their spiritual convictions may be impacted by the attributions they ascribe to God and their faith.

Research on the role of faith in caregiver’s lives has suggested that faith serves both as a means of motivation to perform the work and support in carrying out the work (Pargament, 1992). Specifically, Davidson & Caddell (1994) explore the theory that one’s work can be viewed as a ‘calling’ rather than a job. Attaching meaning and sacredness to one’s work provides an eternal motivation for an earthly profession. Having the orphanage linked to the church with the directors also being the church pastors solidifies the spiritual meaning attached to the orphanage. Literature also maintains that the support needed to continue performing a duty that

is challenging emotionally and mentally is often found in one's faith (Scott & Magnuson; Crawford, Wright & Masten, 2006). Research with the African American community has shown that faith and social supports through church affiliation often compensate for lack of economic support to families (Musick, Wilson & Bynum, 2000). The providers at this orphanage do not have the financial or political means that could provide a basis of support. This may motivate them to look to God as their ultimate source of provision since humanly speaking, they are not capable of securing the equity needed to sustain the orphanage and church. It is expected that providers in this study will attribute God as the source of their financial, spiritual and emotional support.

3.2.6 Collectivist-Interdependent Culture

The Asian culture is typically described as having a collectivist and interdependent-oriented society (Lam, 1997). Specifically, the Chinese culture is associated with family and group-oriented values (Lam, 2005; Peterson, Cobas, Bush, Supple & Wilson, 2004). Research suggests that Chinese children and adolescents are socialized (through family and community) to place societal needs over their own personal goals (Meredith, Abbott & Shu, 1989; Peterson et al, 2004). This differs from traditional Western individual/independent-oriented societies. Such cultural differences can result in differentiated cognitive processes (Hernandez & Iyengar, 2001), parenting goals (Xu, Farver, Zhang, Zeng, Yu & Cai, 2005), and moral development (Bellah, Sullivan, Swidler, Tipton & Madsen, 1996) across societies. These differences in cultural lenses become deeply entrenched in particular societies. Doerfel-Baasen & Rauh (2001) research in Germany after the unification of East and West Germany provides support to collectivist/individualist ideology's impact on socialization of caregiver attitudes and behaviors.

The study was conducted 3 years and 6 years after the reunification of Germany. After several years of political and social change to unite the two countries, Doerfel-Baasen and Rauh found considerable differences still existed between the two areas in both the home and school setting. East/West differences in educational services valued (total school provision vs. parental control of educational needs) and socialization goals emphasized by parents and teachers (inhibited, introverted, task-oriented in East and assertive, exploring in West) continued despite educational reforms linking the two once separate areas. Additionally, Kemmelmeier, Burnstein, Krumov, Genkova, Kanagawa, Hirshberg, Erb, Wieczorkowska & Noels (2003) found that in several post-communist societies, adults were reluctant to relinquish beliefs of state authority for beliefs of self-determination.

While China remains primarily a collectivist and interdependent culture, caution must be taken not to classify all Chinese behaviors as entirely collectivist or interdependent. Patterns of independent and individualistic thought and behavior can be seen in literature focused on Chinese parenting (Xu et al, 2005), religious beliefs and practices (Potter, 2003) and education (Tsang, 2000). The objective in detailing the collectivist/interdependent nature of the Chinese culture is to highlight the dominant forces operating and interacting among all of the macro-level agents (politics, education, family, religion), and in perpetual interplay among the more intimate meso and micro level agents.

3.3 REGIONAL/COMMUNITY CULTURE

The orphanage is located in a northeastern province of China. It borders North Korea to the east and Korean influences can be seen in the language, food and celebrations within the region. A

total of 44 nationalities currently live in the province including the dominant Han nationality (People's Daily, 2005). The other 43 nationalities are mostly Manchu, Mongolian, Hui and Korean, with all minorities making up 16% of the provincial total population. The area's population exceeds 6 million, which makes it one of the most heavily populated regions within China (National Bureau of Statistics of China, 2004). Both heavy and light industry is the largest part of this region's economy, which explains why the region's nickname is the "rust-belt".

3.4 ORPHANAGE CULTURE

There is a small yet growing body of literature addressing orphanage culture around the world. Unfortunately, none of this research has currently been conducted in China. Therefore, this section discussing orphanage culture will be informed by the larger body of work from international orphanage research, particularly studies conducted in Russia. A team of researchers from The St. Petersburg-USA Orphanage Research Team (2005) have spent many years observing orphanage culture in Russia. They describe several aspects of the orphanage culture as it relates to caregiving practices. The team found that much of the caregiving is adult-directed, with interactions confined mostly to routine physical care. They described the caregivers' overall interactions with the children as emotionally detached. Children rarely tried to engage caregivers when frustrated or upset and showed no signs of anticipating caregiver interaction in these circumstances. Caregivers did not involve themselves in facilitating social interactions among the children.

While the team's findings describe the orphanage culture in one area of Russia, other researchers in other parts of the world report a similar orphanage culture (Ahmad & Mohamad,

1996; Sloutsky, 1997; Sparling, Dragomir, Ramey & Florescu, 2005; Wilson, 2003). Literature consistently describes orphanage care environments as detached and socially isolated. The portrait of an unavailable caregiver is understandable when child-to-caregiver ratios for older children (ages 3-years and older) can reach as high as 20:1 (Chisholm, 1998). Sloutsky (1997) notes several distinctions between the orphanage culture and a family system. He describes the family environment as consisting of a system of dyads (mother/father, sister/brother, father/son), whose “life-supporting activities originate within the family and are carried out by family members. Families also combine and share roles within the home such as cook, educator, student, and caretaker. In contrast, the orphanage staff operates in fixed roles, with the caretakers engaged in a ‘job’ and children as residents. Sloutsky espouses that poor child outcomes of institutionalized children are inherent to the social nature of an institutional setting, which by its nature does not provide the same opportunities to its residents as a family.

Many researchers, including the St.Petersburg-USA research Team (2005) have focused on improving conditions by restructuring orphanages to resemble family-like settings (Shang, 2002; Sparling et al, 2005). Longitudinal intervention studies have shown promising results for enhancing child cognitive, social, and behavioral outcomes.

Unfortunately, nearly all of the international orphanage research conducted to date focuses on describing child outcomes and not on understanding the caregiver. Often, caregiver interactions are recorded as a variable to measure when determining cognitive (Judge, 1999), physical (Johnson, Miller & Iverson, 1992), or socio-emotional (Ahmad & Mohamad, 1996) development of children. Little, if any is known about the caregiver’s experiences, beliefs about child development, or practices in caring for school-aged children (who will most likely remain at the orphanage until adulthood). Even less is known about the nature of care provided in

Chinese orphanages. When a void exists in supportive literature, researchers must take information from similar fields to help guide their hypotheses. Such is the situation in this study. Research in the areas of Adolescent development, Western caregiver characteristics, Chinese parenting styles, and Chinese developmental expectations will be used to inform theories about what may be observed in a Chinese orphanage.

3.5 THE ROLE OF CAREGIVER

The role of caregiver has been studied from several different frameworks, incorporating parental and non-parental caregivers (Dozier, Albus, Fisher & Sepulveda, 2002; Lundahl, Risser & Lovejoy, 2006; Peisner-Feinberg, Burchinal, Clifford, Culdin, Howes, Kagan & Yazejian, 2001; Wilson & Conroy, 1999). This review of literature will incorporate research of parental and non-parental caretakers.

There are two ways to view environments and quality of caregivers in these settings. First is by analyzing the “structural” features of the caregiver, qualities such as level of education and socio-economic status of parents or years of education and experience, salary, and benefits for non-parental caregivers (Shonkoff & Phillips, 2000). The second approach researchers use in understanding quality is referred to as “process” quality: the level and type of involvement with children, the amount of warmth displayed, and the social/emotional climate set by the caregiver (Lamb, 1998; Shonkoff & Phillips, 2000). Of interest in this study is the process quality broadly defined as the interactions children have with their caregiver. The next few pages will present information about the most salient features of caregiver behavior that positively impact a child’s

social and emotional development and incorporate literature addressing parenting style, emotional availability, adult involvement, and developmental expectations.

3.5.1 Supportive Caregiving

Years of research have led to an understanding of the importance of caregiver behavior in promoting healthy developmental outcomes for children (Goldfarb, 1947; Wolkind, 1974; Smyke, Dumitrescu & Zeanah, 2002). Studies of parent-child relationships have found links between unhealthy dyadic relationships in childhood and lower adolescent school completion (Marcus & Sanders-Reio, 2001), increased reports of depression (Kerns & Richardson, 2005) and greater difficulty maintaining healthy peer relationships (Batgos & Leadbeater, 1994). Western research in this area identifies parental support as one of the key parental behaviors in nurturing parent-adolescent relationships (Henry, Robinson, Neal & Huey, 2006; Mupinga Garrison & Pierce, 2002). Parental behaviors identified include encouragement, praise and physical affection (Henry et al, 2006). Cross-cultural research has supported many of the same connections between supportive caregiving and positive child outcomes (Bush, Peterson, Cobas & Supple, 2002; Hill, Bush & Roosa, 2003). However, specific behaviors associated with supportive caregiving differ in varying cultural contexts. While praise and encouragement may be associated with supportive caregiving in Western cultures, it is not so in the Chinese culture. Chen et al (2000) report that many Chinese parents believe praising family members, especially in public is inappropriate and not in accord with the cultural practice of modesty and politeness. Supportive parental behaviors associated with positive child outcomes in China include ‘rational guidance’ (inductive reasoning/talking through problems), parent-child mutual communication, encouragement of child’s independence, and maternal involvement (Chao, 1994; Nelson, Hart,

Wu, Yang, Roper & Jin, 2006). Traditional Chinese parenting behaviors that are associated with negative child outcomes include maternal coercion/control (Nelson et al, 2006), hostility and emphasis on physical punishment (Chen, Wu, Chen, Wang, Cen, 2001).

Maccoby and Martin (1983), in describing parenting style, identified two dimensions associated with supportive parenting, *warmth* and *control*. Recent literature addressing supportive parenting in Chinese cultures seeks to investigate how parenting along these two continuums affects children's social, emotional and cognitive development (Chao, 2001). It is possible that children in all cultures require both warmth and control, but the optimal levels for each may vary across cultures. Differences in optimal levels of parental support may fluctuate based upon differing cultural expectations and socialization goals. Rogoff (2003) states the "key to moving beyond one's own system of assumptions is recognizing that goals of human development—what is regarded as mature or desirable—vary considerably according to the cultural traditions and circumstances of different communities" (p. 18). Western-style supportive caregiving encourages children to explore independently from the mother (Clark & Ladd, 2000). Chinese mothers tend to encourage mobility, socialization, and separation from parents at a later age than European or American mothers (Wu, 1985). Although school-aged children have some expectations to care for themselves, Chinese mothers rarely object when children elicit their mother's help for simple tasks. Wu (1985) also reports differences in peer-group socialization between Chinese and Euro-American families. Older Chinese children (age 9 or 10) were not permitted to visit with peers unless an older sibling or family member accompanied the child. Even into adulthood, children were socialized to maintain 'filial piety' (honoring and caring for older relatives).

Supportive caregiving in Western cultures also discourages caregivers from responding intrusively. Children whose caregivers are too anxious or intrusive in their response are more at risk for developing anxiety disorders (Warren & Simmens, 2005). Conversely, the Chinese culture encourages close parental monitoring. Close parental monitoring of school-aged children and adolescents is viewed as loving and one way of supporting children's social integration and academic achievement (Chen, Rubin & Li, 1997; Shek, 2005). Several studies have identified parental warmth as a moderating factor of parental intrusiveness in African-American (Ispa, Fine, Halgunseth, Harper, Robinson, Boyce, Brooks-Gunn & Brady-Smith, 2004) and Asian families (Lim & Lim, 2003). It is theorized that parental warmth may change the child's perception of the intrusive parental behavior by attaching meaning to the behavior (example: 'my mom does not allow me to go on school nights because she loves me and wants to help me do well in school'). A cursory review of the literature did not reveal one agreed upon definition of 'warmth, however most described warmth as either a verbal or non-verbal expression of affection, respect or admiration (Henry, Robinson, Neal & Huey, 2006; Ispa et al, 2004; Lim & Lim, 2003).

A broad view of supportive parenting literature points to the importance of operationalizing the construct in culturally appropriate ways. Research confirms that supportive parenting is an essential element within the Chinese culture. The same literature also identifies the risks involved when applying Western expectations to Chinese family practices. Each of the caregivers in the present study is a parent of 1 or more children and each have been socialized in Chinese methods of parenting. This orphanage, while having limited ties to American financial support, has received no training in Western parenting methods. Therefore, it is hypothesized

that the caregivers will display the Chinese-style of supportive parenting, displaying more intrusive and controlling behaviors coupled with warmth.

3.5.2 Parental Style & Behavior

For years, researchers have studied parenting styles of North American families. The broad categories of authoritative, authoritarian, rejecting-neglecting, and permissive have been used to describe the manner in which parents interact with their children (Baumrind, 1991; Maccoby & Martin, 1983). Authoritative parenting is described as both “demanding and responsive” (Baumrind, 1991, p.7). It is the parenting style most associated with positive child and adolescent outcomes in Western cultures (Weiss & Schwarz, 1996). Authoritative parents are described as “assertive, but not intrusive or restrictive” (Baumrind, 1991, p.7). In contrast, authoritarian parents are portrayed as “demanding and directive, but not responsive...they provide an orderly environment and a clear set of regulations” (Baumrind, 1991, p.7). Authoritarian parenting has been linked to poor academic and social outcomes for children and youth (Hinshaw, Zupan, Simmel, Nigg & Melnick, 1997; Steinberg, Lamborn, Dornbusch & Darling, 1992). Permissive parents are “more responsive than they are demanding...they are nontraditional, lenient, and do not require mature behavior” (Baumrind, 1991, p.7). Rejecting-neglecting parents “are neither demanding nor responsive...they do not structure and monitor...but may be actively rejecting” (p. 7). Both permissive and rejecting-neglecting parenting styles are associated with poor child outcomes, socially, emotionally and academically (Shaw, Winslow, Owens, Vondra, Cohen & Bell, 1998; Shumow, Vandell & Poner, 1998).

In recent years, research has been conducted examining these same parenting dimensions in Chinese society (Nelson, Hart, Wu, Yang, Roper & Jin, 2006). Descriptions of Chinese

parenting typically report controlling (Lin & Fu, 1990) and authoritarian-style parenting behaviors (Chen, Liu, Li, Cen, Chen & Wang, 2000; Steinberg, Dornbusch & Brown, 1992). Some researchers believe the descriptive styles and associations with child outcome variables are applicable to both cultures (Chen, Dong, & Zhou, 1997; Chen et al, 2000). Chen et al (2000) found coherence among authoritative and authoritarian parenting patterns as described by Baumrind (1991) in a study of maternal parenting styles in urban Chinese families. Chen and colleagues found higher amounts of authoritative parenting in 166 mothers from urban China. Authoritative style of parenting was positively associated with child resistance and non-compliance while authoritative parenting was negatively associated with the same child behaviors

The concepts of authoritarian, authoritative, permissive and rejecting-neglecting parenting described by Baumrind (1991) are guideposts for understanding general child-rearing practices in the Chinese culture. The general patterns must be defined and operationalized through specific parenting behaviors. However, care must be taken in the selection of parental behaviors in cross-cultural research. In studying authoritative/authoritarian parenting, Chen and colleagues (2000) measured maternal parenting strategies such as positive comments, information exchange (between parent and child), and use of suggestions rather than commands. Research in Western societies reports a link between use of positive comments and authoritative attitudes. However, Chen and colleagues found no significant relationship between positive comments and authoritative versus authoritarian parenting. One explanation stated for this discrepancy is the belief in Chinese culture that praise may interfere with a child's respect for adult authority. Other parental behaviors of communication exchange and use of suggestions (sometimes referred to as inductive parenting) were positively correlated with authoritative

parenting. Other research has supported similar findings (Xu, Farver, Zhang, Zeng, Yu & Cai, 2005).

Not every researcher is supportive of using Authoritative and Authoritarian dimensions to describe Chinese parenting styles. Chao (1994) contends that Baumrind's parenting descriptions describe Western cultures, but are not appropriate for capturing the "important features of Chinese child-rearing" (p.1). Chao suggests that differences in research findings may be attributed to the behaviors equated with authoritarian and authoritative parenting (such as the discrepancy found in Chen et al (2000) with regard to use of positive comment in Chinese and Western cultures). For example, the Western concept of 'strictness' is equated with negative behaviors of hostility and punitiveness in North America. However, in the Asian culture, authoritarian is equated with parental concern and parental involvement. Again, the concept of 'guan' (meaning to govern) is central to the Chinese philosophy of 'chiao shun' (child training). The word can also mean 'to love' or 'to care for' (Chao et al, 1994). Chao and colleagues (1994) recognize that Chinese parents tend to score higher on measures of authoritarian and restrictive parenting behaviors because these qualities relate to the concepts of 'guan' and 'chiao shun'. They believe that appropriateness of parenting behaviors may be better described by the motivations or goal intentions of the parents. The disagreement in parenting literature is not whether Chinese parents score higher on measures of authoritarian parenting style, they most clearly do. The controversy is whether the negative child outcomes associated with authoritarian parenting in Western cultures is applicable to the Chinese culture.

The notion of particular parenting behaviors being beneficial in one culture while harmful to another has been documented throughout child development literature. Beyers, Bates, Pettit & Dodge (2003) state that the "impact of family management practices on development depends on

characteristics of the community in which youths and families reside”. Family dynamics and the extent to which internal and external factors influence child development is moderated by the culture in which the family resides. This could include within-nation (different ethnic or regional populations) and/or international differences. Among the differential variables identified for African-American families is level of parental involvement (Beyers et al, 2003) and use of physical discipline (Deater-Deckard, Dedte, Bates & Pettit, 1998). Adult involvement is shown to be beneficial for multiple ethnic groups, including Euro-Americans. The difference for African-American, Hispanic, and certain Asian populations is the level of adult involvement needed for positive child outcomes. Higher levels of adult involvement have been linked to decreased peer-acceptance and social withdrawal in Euro-American children (Burgess, Rubin, Cheah & Nelson, 2001; Rubin, Booth, Rose-Krasnor & Mills, 1995). However, for other ethnic groups, including Chinese adolescents, high levels of adult involvement have been shown to be a protective factor leading to better social and academic outcomes (Chao, 2001; Connell, Spencer & Aber, 1995; Laird, Pettit, Bates & Dodge, 2003).

3.5.3 Adult Involvement

Adult involvement is a parental component that describes the intensity and style of interaction between children and caregivers (Toyan & Howes, 2003). Caregivers of younger children can spend the majority of their time simply monitoring the children’s play without truly engaging with the children. Caregivers can also spend their time intensely engaged with a child by holding, engaging in conversation, or sharing a favorite game. Successful adult involvement also requires that the caregiver know when to engage a child and when to step back and allow some level of autonomy (Coplan & Prakash, 2003). Appropriate levels of adult involvement have been

shown to predict more successful attachment relationships (Coplan & Prakash, 2003), better peer relationships (Howes, 2000) and a decrease in adolescent delinquency (Laird, Pettit, Bates & Dodge, 2003). Research with Euro-American families suggests that while children need time with their caregiver, too much time can create unhealthy dependency upon the caregiver, leading to poor social and cognitive development (Birch & Ladd, 1997). Children who are less dependent upon the teacher are frequently more sociable and less solitary in their play and are less apt to be labeled as anxious or aggressive (Caplan & Prakash, 2003). Henry, Robinson, Neal & Huey (2006) describe the qualities of a ‘balanced family’ as one that balances closeness with autonomy and incorporates a moderate level of cohesion and flexibility.

The concept of adult involvement is highly encouraged in the mainland Chinese culture. However, different structural features of the family and cultural models for parents and children may underlie the expectation for high levels of adult involvement in comparison with other Euro-American cultures. Again, the principle of ‘guan’ requires parents to model desired behavior and implies strict guidance in how children are socialized (Chao, 1994; Tobin, Wu & Davidson, 1989). Research with school-aged children and adolescence identify high levels of parental involvement as supportive for academic achievement (Chao, 2001, Paulson, 1994). High academic achievement is emphasized within all levels of the Chinese culture (parents, community, and country) (Dandy & Nettelbeck, 2002). Despite the emphasis on high-levels of adult involvement as being supportive, some research suggests that the parent-child relationship and children’s emotional health suffer in much the same way as Western children when parents are too intrusive and controlling in their involvement (Stewart, Rao, Bond, McBride-Chang, Fielding & Kennard, 1998).

It is this researcher's hope that by exploring the nature of relationships between caregivers and early/middle childhood and adolescent children, we can begin to understand how the constructs of supportive caregiving, parenting style, and adult involvement operate in one Chinese orphanage setting. The literature reviewed thus far is predominantly informed by Western thought. As researchers interact more with Chinese caregivers and children, we will expand our understanding of how these constructs apply to the Chinese culture.

3.6 THE CHILD: DEVELOPMENTAL EXPECTATIONS

Coupled with supportive caregiving, parenting styles and adult involvement are the developmental expectations parents and other adults have for children. Differences in China's macro-level policies and traditions influence how caregivers interact with children. Collectivist ideologies, traditional familial hierarchy, One-Child Policy, and a changing workplace have all contributed to defining roles and expectations of children across all age ranges.

Chinese expectations for young children is similar to Western ideas in that little is expected academically, socially or behaviorally from children younger than 6. Parents and family caregivers maintain close physical proximity to their young child. Autonomy, in the American sense, is not granted until much later. Even though they may be separated from their parents during the day, young children often sleep with their parents at night (Jenni & O'Conner, 2005). This applies to most children in China, although boarding schools and more academically-focused preschools have gained popularity in upper-class urban families. Chen, Short & Entwisle (2000) report that over 85% of women of working age are employed outside the home. This results in a large proportion of infants and young children being cared for by grandparents, other

relatives, or childcare centers while both parents work for the majority of the day. Early childhood programs focus on the socialization of primarily only-children. Childcare centers will often restrict the number of toys and materials to encourage children to share, negotiate, and cooperate with others (Freeman, 1998). Chinese programs also intentionally socialize young children to conform to group standards. Preschoolers are expected to all work on the same project at the same time, in much the same way.

Once children reach formal, primary school-age, around age 7-years, many have received some type of preschool or childcare experience where they have been socialized for teacher-led, whole-group activities (Freeman, 1998; Tobin et al, 1989). However, the expectation for achievement academically, socially, and behaviorally changes. Children are now expected to regulate their emotions, at home and outside the home. Children of this age are expected to control emotions such as anger and frustration out of a desire to not bring shame to their parents (Chen et al, 2000). Socially, children at this age develop peer relationships in both American and Chinese societies. However, the emphasis in China tends to be development of group socialization practices more than individual 'friendships'. Ying (2003) reports that children spend less than 30 minutes each day in play with peers. The manner in which children interact also differs from Western practices. Western children rated as socially competent tend to be children who are assertive and outgoing whereas Chinese children rated as socially competent are characterized as quiet and shy (Chen, 2000). Family involvement and obligations come before peer relationships at this age, with much of the family involvement linked to academics for school-aged children. Mothers are known to 'dote' on their children, doing much more for the child than needed (Wu, 1985). The level of dependency is much greater at this age than is experienced by most Western cultures (Hart, Yang, Nelson, Robinson, Olsen, Nelson, Porter, Jin,

Olsen & Wu, 2000). However, in this orphanage it is hypothesized that providers will encourage greater levels of independence than typically found in Chinese families because of the institutional setting.

Children who are school age now spend approximately 9 hours each day in school (Monday through Friday, with some schools also holding classes Saturdays) (Yunxiao, 2003). After school children may have a brief period in which to play or do leisure activities, but many attend private, after-school enrichment classes such as English class or Fine Arts instruction. These after-school enrichment programs have become popular for working parents who do not arrive home until several hours after the regular school day ends. A study by Ying (2003) found that Chinese children spend approximately 1 hour of studying after attending school for 9 hours. The small amount of leisure time is filled with playing with peers, watching television, or participating in sport or other leisure activities (Ying, 2003).

Academic expectations rise considerably when children reach early adolescence. Adolescents in middle school and high school start their school day around 7:30am, take an hour or two break for lunch in the middle of the day, and attend school until 8 or 9:00, with a short break for dinner. By high school, they attend school 7 days-a-week, with Sundays often being a half-day. Not all time in school is spent in instruction. Much of the time is allotted for study and homework. Students are generally prohibited from obtaining any employment, and many times are not expected to complete any household work. Family activities are arranged to promote the child's academic success. Teen's social interaction typically occurs during the course of a school day. Unlike Western cultures, Chinese adolescents are not expected to spend considerable time socializing with friends or dating. Even adolescents who do not qualify academically or whose families can not afford better schools spend considerable time at school. High academic

achievement is viewed as a way of honoring the family (Hongyan, 2003). Even older adolescents are not encouraged socially or emotionally to “prepare for transition to adulthood”. They continue to be viewed as an interdependent rather than independent member of the family and one who is often the focus of the family’s physical, emotional, and financial resources (Hannum, 2003). The intense pressure that a child brings to the family can be heard in a statement made by a 16-year-old girl from a high-school in Beijing when asked if she would like to raise a family someday in China: “I don't think I want to have children as I want to concentrate on my career. It's too much trouble as you have to do a lot of things for them! But I would like to get married.” (BBC, 2006, p.3). The same sentiment was conveyed to me by my 27-year-old translator during my stay at the orphanage. She stated that many young adults do not want to have children because it is too expensive and so time-consuming to raise a child in China.

3.7 SUMMARY

While the present case study is an exploratory investigation, particular hypotheses have been made based upon the literature reviewed. The following summarizes the hypotheses made throughout this chapter.

1. Providers will display a Chinese style of caregiving that combines intrusive and controlling parenting style (authoritarian) with warm, supportive parenting behaviors (authoritative).
2. A greater level of independent behavior will be encouraged as compared to typical Chinese parenting because of the institutional environment. However, this

will be coupled with relatively high levels of interdependent behavior as displayed in the dominant Chinese culture.

3. Physical care will consume the majority of the routines observed at the orphanage. Spiritual and educational will be secondary routines with emotional and social routines receiving little attention.

4. Spiritual attributions will primarily focus on God as a source of support and comfort.

4.0 METHODS

The choice to use qualitative methods for this project is derived from examining the nature of whom and what is being studied. Studies that utilize qualitative methods are typically studies of groups or special populations where little research is available to provide justification for selecting quantitative methods (Strauss & Corbin, 1990). Qualitative studies are conducted when the researcher's desire is to understand a person's beliefs or experiences, especially in understudied populations, or that are unique to a particular setting (e.g., Courtney, Piliavin, Grogan-Kaylor & Nesmith, 2001).

Miles and Huberman (1994) write, "with qualitative data one can preserve chronological flow...and derive fruitful explanations...[qualitative data is] more likely to lead to serendipitous findings and to new theoretical integrations; they help researchers go beyond initial preconceptions and frameworks" (p.15). The goal in selecting a qualitative design for this study is to gain an in-depth understanding of how care is provided in one Christian-based, Chinese orphanage. Rating scales and observational checklists will not provide an intimate, coherent explanation of how care is provided in this setting. The exploratory nature of this project calls for methods that will provide depth of insight. Additionally, the unique cultural context of this study would be diminished if quantitative descriptions were employed. Therefore, I chose an in-depth case study, utilizing active interviews and participant-observation with the expectation of capturing the unique differences of this highly specialized population.

4.1 CASE STUDY

The purpose for choosing case study for this project is to gather foundational information about a unique sub-group. In this instance my case study will focus on LZ orphanage home. The participants are the caregivers, children, director and co-director of the orphanage home. However, my “unit of analysis” are the two direct caregivers, director, co-director. Case studies can reflect data from a brief period of time or utilize an extended, longitudinal time-frame but are most useful when gathering foundational knowledge (Bohnsack, R., 2004; Irwin & Bushnell, 1980). The methods used to collect data for this project was semi-structured, active interviews and participant-observations. Data from interviews and observations were combined in an in-depth analysis of each of the providers. As stated earlier, the focus of this case study is the thoughts, beliefs, attitudes, and behaviors of the providers as they occur in the larger context of the orphanage and community.

4.2 CULTURAL BIAS

In visiting a foreign country, one becomes aware that even the most “culturally sensitive” person has certain biases toward the way things “should be”. In her book addressing culture, Barbara Rogoff (2003) relays a story of a man who visited New Zealand and discovered that not everyone’s phones arrange numbers in clockwise fashion (the numbers on the face of a rotary phone in New Zealand are arranged counter-clockwise). This is a trivial, yet stark example of how unaware we can be of our own culturally conditioned way of viewing things from our familiar lens. In a more subjective collection of data, it is imperative that our own cultural biases

be understood. Marshall & Rossman (1999) give three points to consider when embarking on qualitative research. First, researchers must examine how we represent the participants in our work, making sure we accurately portray the thoughts and behaviors of the participants, not our personal reaction to them. Second, the researcher must consider his/her own personal “biography”, ways of communicating, and ways of interacting with the participants. All of us have our own cognitive and emotional schemes we use when interacting with others. We must be aware of our own preconditioned ways of thinking and responding to people or situations and be able to account for those during our work. Third, we need to be cautious about the interplay of our own ethics and politics with the work we are doing. I will be incorporating these three considerations into this research study. Through continued feedback and guidance from those intimately familiar with the local culture (translator, host, and other friends in the province) I minimize the chance of projecting my own cultural beliefs into the thoughts and behaviors of the caregivers and directors. These same people were instrumental in verifying that all interview questions reflect a neutral ethical and political stance and any interpretations made do not reflect value judgments based upon Western ideals. By articulating my own Christian upbringing and experiences, prior experience in the child care field, and framework by which I view child development, I openly expose my own personal biography. The reader is then able to determine how the information presented in my analysis is affected by such personal experiences. This is a salient aspect of qualitative work often missing from typical quantitative designs.

4.3 RECRUITMENT PROCESS

Exploratory qualitative studies often arise from personal interest, topics uncovered during other research, or a problem recognized by the members within the population (Jorgensen, 1989). The staff of LZ orphanage was first introduced to me during a trip in May of 2005. The LZ orphanage was “untouched” by most Western influences compared to some other private orphanages. Children retained their Chinese names and were not given English names to suit potential foreign financial contributors. The children had not practiced any routine or show for the American visitors.

In the summer of 2005, I contacted our American host from the trip. Several issues were considered when choosing to initiate this project through the host. First, I am affiliated with the organization sponsoring his appointment. It is customary to make arrangements for travel to this area through the local contact, and it would have appeared insensitive to not involve him in this process. Second, the director, co-director and all caregivers speak Chinese. I am not fluent in Chinese, but my host is fluent in both English and Chinese and could act as the messenger for all communication. Third, the host lives in the area and has had a positive working relationship for years with LZ orphanage and the host would know if the director truly felt comfortable with all aspects of the research project. Lastly, the host could arrange for a specific translator, one that helped me during my trip and appeared quite comfortable working in the orphanage setting.

In my e-mail contact with the host, I asked if it would be possible for me to come in 2006 to observe the orphanage for my dissertation research. He was not surprised by my request since we had discussed the possibility of my coming for this purpose during the trip. I informed the host that I would like to spend approximately 2 weeks observing and interviewing the caregivers and directors about “what it is like to take care of children at their orphanage”. The host

communicated my desire to the director, who agreed, along with the co-director and two caregivers to welcome my visit. The host presented two possible times to visit, one being during spring holiday and the other being the 2 weeks before spring holiday. During spring holiday, most businesses close, allowing families to travel and vacation and the children do not attend school for 2 weeks. Because the framework of this study involves analyzing typical daily routines, the time period before spring holiday was chosen. Throughout the next several months, the host and I communicated, through e-mail, all of the details of the trip. The orphanage staff invited me to live at the orphanage rather than stay at a hotel, and I accepted. The host was also helpful in communicating my need for an official letter of invitation from the director to gain review board approval for this project. I requested a particular translator from the trip and told the host how impressed the team had been with her comfortableness with the children and providers. I explained that her background as a kindergarten teacher would be beneficial to the type of research I was conducting. The host was able to arrange for this woman to be my translator during the visit. The host provided me with information regarding the appropriate way of thanking the orphanage staff for their assistance, in addition to financial compensation for my room and board. The host recommended that a small gift be given to each of the staff members in addition to the translator. He expressed that anything American will be highly valued by the staff. He also informed me that the English club providing the translator could benefit from the English language version of four particular books, which I have since purchased.

One last note must be mentioned in detailing the recruitment process. The American who acted as my Chinese contact placed great faith and trust in me. I would not have had access to this type of research project had he not approved of my coming. My Christian faith, as he witnessed it during my original mission trip, permitted me access into a setting that would have

been closed to me otherwise. Any inappropriate activity on my part could have damaged his years of work at establishing trust and credibility with the local pastors, in addition to putting the careers of the and pastors in jeopardy. I kept this clearly in mind as I pursued my research at the orphanage.

4.4 PARTICIPANTS

There are a total of two caregivers, one director, and the director's wife who is the co-director of the orphanage. Caregiver 1 is in her late thirties. She has worked for this orphanage for 7 years and is a member of the church affiliated with the orphanage. Her husband died several years ago, leaving her the single mother of one teenage boy. Caregiver 1's son currently lives with his maternal grandmother. Caregiver 2 has worked for the orphanage for 3 years and also attends the church. The co-director of the orphanage is her sister-in-law. Her husband works for the director as the manager of a soap factory, established by the director/co-director to help fund the orphanage. She has two adult children, one son and one daughter. Both caregivers live full-time at the orphanage and make approximately 600 Yuan/month. The director and co-director are between the ages of 40 and 45- years-old. In addition to being the orphanage director, he is the pastor of the church that founded the orphanage, overseer of 17 churches in the area, and co-owner of a soap factory used to help fund the operation of the orphanage. He is married to the Co-director. They have one 17-year-old son. The Co-director is also a trained pastor who shares pastoral responsibilities with her husband. There are a total of 29 children cared for at one duplex-style house, but again the children are not the 'unit of analysis'. The children's ages range from six-years-old to seventeen- years-old. The only exclusion for this study was that all

providers needed to be the “official” adult care providers for this orphanage. There were times when older teenage boys acted as caregivers by organizing young children’s play, taking care of any slight injuries, and overseeing young children’s studies. They were not, however, included as caregivers in this study.

4.5 PROCEDURES

I was the sole researcher for this project. Because I do not speak Chinese and the participants do not speak English, a translator was hired to be with me during my entire visit. The translator is a 27-year-old Chinese woman who was born, raised and residing in the province. She has been a teacher at a local English club for two years where she teaches the English language to adolescents and young adults. The translator has had over six years of training in the English language. I personally requested this translator for two reasons. First, she was a translator during my trip in May of 2005, where we developed a professional relationship, allowing productive conversations to occur when I needed to communicate with Chinese speaking providers. Secondly, this translator had several years experience as a kindergarten teacher. This experience is evident in her warm, engaging demeanor around groups of children. This translator is quite comfortable working in child care environments and in understanding basic child development principles.

The translator and I spent 10 days living in the orphanage home. The translator and I spent ten days living in the orphanage home as participant-observers. The first few days were spent developing a rapport with the directors and caregivers. The directors appeared very comfortable from the beginning of my study and shared many of their and the children’s

experiences with me. The caregivers were friendly, but seemed to need a day or two to feel comfortable with the video camera and my presence before sharing their thoughts and ideas. As the study progressed, the caregivers, my translator, and I enjoyed many informal conversations with the caregivers throughout the day, some related to the study and others more personal. This rapport helped data collection feel more like a conversation than an interview and more like capturing experiences than observing events. Additionally, my translator and I were more integral parts of the activities as everyone felt more comfortable with our presence. Activities the translator and I engaged in included eating meals with either the children or directors, engaging in play and conversations with the children and caregivers, assisting in some meal preparation and service, and attending church with the director.

The orphanage home itself was a three story duplex. The first floor contained one large area with a couch and chairs and a dining area. Immediately off of the dining area were a small kitchen and one bedroom where the caregivers stayed. An additional small bedroom was located on the first floor where the girls slept. The second floor contained one larger room for all of the primary school aged boys with two smaller bedrooms for middle and high school aged boys. The translator and I slept in a bedroom on the third floor, off of the study room that was filled with desks for all of the children. Each morning we awoke about 6:00am. I would immediately set up the video camera on a window sill in the main living area on the first floor. I would observe the caregivers' preparing the children's breakfast and monitoring progress on morning routines of dressing and preparing school book bags. The video camera would most often stay in this main living area, since the caregivers were most often working in this area. This was also an optimal location for observing children coming and leaving the home and the caregiver's responses to the children as they entered or left. However, I did move the camera on several occasions such as

when children and caregivers were playing outside or when caregivers were having discussions with children on the second or third floors. During these times, the camera would be placed on a corner shelf or window sill to visually capture as much of the room as possible. Any video taping ended as children and caregivers went to bed, typically around 11:00pm.

During the first few days, the camera was used sporadically throughout the day because of the lack of electricity. The battery needed to be charged periodically and the only place to do this was the soap factory across the street, owned by the director and co-director. Extensive field notes were taken during times when the camera was not available. When electricity was restored to the home, videotaping was relatively uninterrupted. Upon the study's completion, there was a total of 82 hours of video tape along with a notebook full of field notes.

4.5.1 Preparations and Arrival

Before leaving America, the interview questions and timetables were e-mailed to the host. The host, an American, has lived in China for over 10 years and has knowledge of the Chinese language and culture and how certain words and concepts differ between the two cultures. I verified with the host that integral concepts of *discipline*, *attention*, *faith*, *relationships*, and *caregiver* would be understood by the Chinese translator and orphanage staff and that these words did not hold different connotations from an American understanding of these terms. I also e-mailed all interview outlines and timetables to the translator prior to travel. She provided feedback on the cultural appropriateness of the questions and asked for clarification for two of the questions.

The first night of my stay was in the home of my host and his family. We spent the next morning talking about the orphanage and the role of Americans (whether mission or research

focused) in the lives of Chinese believers. The conversation we had that morning and on the car ride to the orphanage was meaningful to me in the larger scope of my work in China.

My host stated that:

We can't come in there as the expert any more than an African can come in and tell an American how to run things. Any outside help needs to be aimed at supporting indigenous people, not Americans running things or showing them how to run things (S.L., personal communication, April 21, 2006)

He further stated that there have been organizations that have come in to simply give financial assistance. This harms the faith of the Chinese believer because they look to foreigners for their help rather than relying on God's provision. I considered that this belief may impact how the orphanage staff, especially the directors, viewed my presence at the orphanage. In fact, financial concerns were voiced quite regularly to me by the co-director. We also discussed the orphanage's recent (3 days before my arrival) move from 3 separate apartments to one large building. He described it as a very home-like environment and eased my fears that it would become more 'institutionalized'. My host and a local Chinese believer helped the director negotiate and finalize the purchase of the new building which he described as a very nice building that would suit the orphanage perfectly.

When we arrived at the orphanage, we were greeted warmly by the director and co-director and my translator. The director then proceeded to give my host, the translator, and me a tour of the building. The building was a three-story duplex, one half was used for the orphanage and the other half as the residence for the director, co-director and their son. The first floor contained a small kitchen, dining area, seating area, and two bedrooms, one for the caregivers to share and the other for the 4 female children to share. The second floor housed the bedrooms for

the males. The third floor contained a large open area with approximately 20 desks surrounded by bedrooms and a bathroom. The facility looked new. All new bedding was purchased after the move so that each room had a theme (such as Winnie the Pooh in one room, floral bedding in another). Chairs, tables and benches were also purchased for the dining and living areas. All of the desks were recently purchased as well. The director smiled as he showed the place to us, often asking my host for his approval of how rooms were arranged and decorated.

4.5.2 Presenting the Study

Shortly after my arrival, I spoke with the translator and explained the need to obtain written consent. We spoke with each person individually to insure that each participant understood what I would be doing and what I would be asking of them. I explained that I am a student studying how providers care for children. I shared that I have studied how caregivers care for preschoolers in America in an effort to understand how caregivers can best meet the needs of the children. I assured the staff that during this visit I would assume the role of student and they the role of teacher, teaching me what it is like to care for children in a church orphanage (the “teaching” nature of my role had been explained to the providers several times by the American host arranging this project). I explained that the notes that I write would not be enough for me to remember everything I experienced while living at the orphanage; that the videotapes will allow me to review my experience when I return to America. Additionally, I informed the staff that I would be asking many questions. Sometimes people ask questions such as “why are you doing that” because they do not approve of the person’s actions. I shared that my questions were not asked out of disapproval, but out of a desire to understand something unfamiliar to me. They were encouraged to refuse to answer any questions that they felt uncomfortable answering. I also

explained that interviews would be videotaped to help me remember what each person has shared with me. I assured the directors and caregivers that the camera could be turned off at any point at their request. The Chinese language version of the consent was e-mailed to the orphanage staff prior to my arrival in China so that the participants had ample opportunity to review the document. During our conversation at the orphanage, the participants were given the opportunity to not participate in the study without repercussions to employment status, affiliation with the University of Pittsburgh, or relationship with the church organization I represent. All 5 of the participants agreed to participate, with the director making special mention of the need to not allow any identifying information to go beyond me. For a more detailed description of the each day's schedule, see Appendix A.

4.5.3 Interviews

Holstein & Gubrium (1995) describe the role of respondent in an active interview as “Narrators of Experience” (p. 27). Active interviews can be used as a means of telling a story. However, this story needs to be collaboration between the interviewer and respondent. The story should be a conversation, but one where the interviewer and respondent dynamically interact to produce meaningful stories. “The active interview is not so much dictated by a predesigned set of specific questions as it is loosely directed and constrained by the interviewer’s topical agenda, objective, and queries” (Holstein & Gubrium, 1995, p. 29). This follows the logic of the ecocultural framework for this study. Weisner (2002) has developed the Ecocultural Family Interview (EFI) which is a semi-structured interview that is intended to be used in a conversational manner. While the actual EFI protocol was not used for this study, the principles the interview is based upon are being used. The intention of the EFI is to hold a conversation with the respondent in

order to obtain information about their daily routines, which is an effective way of capturing information to answer my research questions.

Interviews were conducted as time permitted and where appropriate. Very few of the interviews were planned, but all followed an active interview format. Interviews flowed out of casual conversations begun with one of the caregivers. The original plan was to conduct two interviews with each provider. However, schedules and different personalities led to a change in the original plan. Because the orphanage had recently moved from three small apartments to one large house, the director had many extra duties to oversee. We were able to have a few short conversations and one longer, semi-structured 'interview'. Throughout my stay, I would ask questions from my original list as part of a conversation. Having discussed the questions with the translator at the beginning of the study was beneficial as the translator would often recognize which questions I was really asking during conversations with the providers. There were multiple conversations (at least 4) with each of the caregivers and with the Co-director that were scattered throughout my visit. All of them took place at the orphanage, usually during the day when the children were in school. Often times, the caregiver interviews occurred while the caregivers were preparing meals. The caregivers seemed most comfortable sharing during these times, perhaps because the interviews felt more like conversations than interviews and their sole focus was not on being 'interviewed'.

The actual EFI interview protocol is not used, only the concept of dialogue focusing on exploring daily routines is used (for a discussion of this see interview section under Literature Review). A full description of interview content can be found in Appendices B and C. Caregiver interviews included discussions of general child development beliefs and specific expectations for themselves and the children in the home. The caregivers were asked to describe and reflect

upon their own Christian beliefs and share their expectations for promoting the spiritual development of the children in the home. Interviews with the director and co-director followed a similar theme. Each was asked to describe and reflect upon their roles within the orphanage, and how their roles relate to the children and caregivers. They were asked about their personal faith as well as their expectations for how children and caregivers practice the Christian faith. The beneficial aspect to my visiting so close to the time of their move was the ability to ask the director and caregivers their plans for establishing a new whole-group routine as they were in the process of formulating that new routine.

The intent at the beginning of my stay was to explore answers to the three research questions. As the interview progressed and during the subsequent conversations, I used the respondent's initial answers to guide me into specific areas within those broad research questions. My translator was helpful in explaining the context of some of the answers provided by the caregivers and directors and helping me know if something was 'just the way it is done in this part of China' or particular to that person/orphanage. All interviews were videotaped to provide information on verbal and non-verbal communication. Videotapes were originally scheduled to be translated and transcribed by Chinese speaking students at the University of Pittsburgh's East Asian Studies Center. However, because of the sensitive nature of much of the information shared, I thought it best to have an American-Chinese believer I could trust translate and transcribe the interviews into English.

The woman is a Chinese-born American citizen. A few weeks after returning from the orphanage, she came to my home where we viewed some of the tapes together. I shared with her that all conversations need to be translated, even if they appear unimportant to her. The tapes included conversations in which the translator in China translated providers' conversations. I

asked my transcriber/translator in America to verify that conversations were translated accurately and thoroughly. Only one conversation was translated by my American translator that had not been translated by my Chinese translator. This involved an argument between the director and co-director regarding who would be invited to a party at the orphanage that night in honor of my presence. My translator in China thought that it was not proper to translate a disagreement between a husband and wife, even though the director repeatedly requested that the translator explain to me why the two were arguing.

We discussed the format to be used in the transcriptions, similar to a screen-play, in which actions are detailed in addition to conversation. The format is presented in Figure 2.

4.5.4 Observations

Observations are the “systematic noting and recording of events, behaviors and artifacts (objects) in the social setting” (Marshall & Rossman, 1995, p.79). Participation and observation can be viewed as conflicting goals (Jorgensen, 1989). The more one participates in the activity, the less one is able to observe. However, Jorgensen (1989) argues that more accurate findings can be collected as the researcher becomes involved with daily life. A participant-observer role will be taken in this study.

Observations were a combination of participant-observer and observer throughout the day. Field notes were taken on a small notepad that was carried with me. The video camera was rather small and fit easily into rooms so as to be as unobtrusive as possible. There were times when universal body language conveyed that I stay back from a particular situation in which the caregiver needed to be the sole adult interacting with the children. Usually this only occurred when a child was being verbally redirected in a firm manner. My translator and I participated in

the majority of daily activities, with the caregivers. The caregivers even encouraged me to walk with the children to school one day to observe the school setting. However, my translator only told me this a few days after the caregiver offered to walk with us to school. She (translator) thought that it would be too dangerous to have a foreigner walk into the school. She told me that Chinese people are very 'nosey' and curious about foreigners and they would have wanted me to come in to talk and answer questions. She explained that people would talk and tell others that this orphanage has a foreigner and officials may start to watch us more closely.

Several hours of observations were recorded each day in an effort to capture all of the significant time periods of the day. The camera was set up in a corner of the main living area to capture all sounds and most activity in the area. The camera was left on for large time periods to help desensitize the providers to the presence of the camera. There were many times when the camera was taken to other rooms or outside while providers were working or playing with the children. This method has been found effective in prior observational research (Dunn, J., Stocker, C. & Plomin, R., 1990; Kempainen, K., Kumpulainen, K., Rasanen, E., Moilanen, I., Ebeling, H., Hiltunen, P. & Kunelius, A., 2005; Muhamedrahimov et al, 1999) Research analyzing videotaped observations with children and caregivers has found support for such methods (Mehan, 1974; Muhamedrafimov et al, 1999).

Each provider knew that I was taping and were told at the beginning of my stay that they had the right to ask me to turn off the camera at any time. There were a few times when the director or co-director asked me to turn the camera off so that they could feel comfortable talking about personal matters with us. The children were at first intrigued by the camera, and would ask me to tape them and play it back for them to see. Eventually, they became accustomed to it and rarely took notice.

Confidentiality was an additional issue in videotaping observations. While names were used during interactions among children, directors, and caregivers because of social etiquette, no personally identifying names were transcribed.

The translator accompanied me throughout my stay. At times, she acted as a commentator, providing me with information about specific conversations or behaviors. In the evenings and during times of inactivity the translator and I reflected on some of the language and behaviors observed. She was immensely helpful in providing feedback about the way I was viewing and interpreting situations and conversations. Initially, I provided her with a journal in which she would record thoughts and reactions from interviews and observations each day. However, she appeared very uncomfortable with this task, not sure of what she should write. The unplanned alternative was that after talking and reflecting verbally with the translator, I wrote down her thoughts, concerns and interpretations from that day. Some of the translator's reflections are included in the analysis where indicated.

4.6 ANALYSIS

4.6.1 Coding

Ideally, analysis should have started while I was in the field (Miles and Huberman, 1994). However, because of the brevity of my stay, most of my time was consumed with collecting as much data as possible through observations and interviews. The first stage of my data analysis was the development of "start codes" established prior to my arrival in China (Miles & Huberman, 1994). Initially, the coding system was derived from my research questions in

addition to my previous experiences in two faith-based orphanages. In general, these codes reflected both routines and beliefs. Codes for observations of general and faith-based routines were delineated. Additionally, codes were created for caregivers' and directors' beliefs about general child development and the caregivers' and directors' role in promoting healthy social/emotional development. Personal Christian beliefs and ways Christian beliefs are integrated into care practices were also given codes.

Some considerations of the data took place during my visit to the orphanage. During non-active or less active times of the day, the translator and I reviewed broad observations and the important concepts discussed during interviews. The translator helped guide my understanding and interpretation of such events in a culturally appropriate way. The translator has lived in the area her entire life and provided information about how "typical" the actions and/or beliefs were to the general community.

After all videotaped observations and interviews were transcribed and translated into English, I began the process of hand coding interviews, observations, and additional field notes based upon the start codes. One unit of data was defined as one single statement, action, or topic. Some paragraphs contained several sentences to explain one topic and would therefore be coded as one unit while other units contained only one single statement made by one of the caregivers. Codes were created and deleted based upon the data, leaving 111 specific codes. I read the transcripts and reviewed the tapes repeatedly to immerse myself in the data (Hsieh & Shannon, 2005). After reviewing the data several times, I felt the need to more closely match my codes to literature from Chinese parenting and child development. Many of my start codes were based upon studies of American childcare caregivers. New codes were grounded in literature on spiritual development, Chinese parenting styles, collectivist cultures, and Chinese

child/adolescent development. These constructs also more closely matched the current data set. Codes were reviewed with faculty members and graduate students from the University of Pittsburgh. The result yielded 24 codes encompassing codes for caregiver and director's behaviors and beliefs. The 24 codes were related to 4 broad categories: Dependency Paradigms, Caregiving Behavior, Spiritual Attributions, and Attention to Routines. Final codes can be found in Appendix A. I then recoded the transcripts using the new coding structure. Multiple copies were made of the transcripts and field notes. Each set was color-coded according to one particular aspect of the code. For example, in one set of transcripts, data was coded with 3 different colors to identify Independent, Dependent and Interdependent actions or beliefs. I continued in this manner for all of the major coding categories (Directive/Responsive Caregiving; Physical, Social, Educational, and Spiritual Routines; and Spiritual Attributions). Additionally, 4 sets of transcripts were color-coded to identify statements or actions by the two caregivers and two directors. The color-coded sections were compared within and among the sets of transcripts until identifiable themes emerged. These themes were related to one of the 4 major coding categories.

4.6.1.1 Comparison of coding to literature

As stated previously, the decision to code particular behaviors was primarily data driven. The coding themes emerged after repeated analysis of interview and observational transcripts, a method used quite frequently in exploratory qualitative research (Miles & Huberman, 1994). Additionally, themes were linked to prior literature in each of the four main coding categories with several of the labels for codes coming from the terminology within each body of literature. Linking themes to established literature provides some grounding to the present study (Strauss & Corbin, 1998). The literature also provided insight into how best to code the transcripts and

appropriate methods of analysis for each of the four main categories. The following paragraphs describe how this study's method of coding and analysis compare to the greater body of literature in parenting style, dependency paradigms, routines, and spiritual attributions.

Much of the literature on parenting style employing qualitative data collection and analysis utilize both self-report (interview or survey) and observational data (Chao, 1995; Chen, Liu, Li, Cen, Chen & Wang, 2003). The self-report measures typically capture the child-rearing attitudes and beliefs. The most commonly used tool to capture authoritarian and authoritative associated beliefs in Chinese and Western cultures is Block's (1981) Child-Rearing Practices Report Q-Sort (CRPR; Chen et al, 2003; Deal, Halverson & Wampler, 1989). The Child-Rearing Practices Report is a parent completed survey with indexes examining such constructs as acceptance, rejection, encouragement of independence, and parental concern. Chao (1995) has examined some of the same constructs through face-to-face interviews. Interview content was analyzed for topical themes and interviews were coded according to these themes. Most of the code labels used in the present study were derived from the indexes in the CRPR such as Accepting, Rejecting, Concerned. However, because of the exploratory nature of the study, the actual CRPR was not used. Rather, this study employed Chao (1995) method of collecting and analyzing interview data.

Research in levels of collectivist versus dependence among parents has employed similar methods. Doerfel-Bassen & Rauh (2001) investigated both parental attitudes and behaviors in determining the level of interdependent versus independent attributions parents were ascribing after the unification of East and West Germany. Doerfel-Bassen & Rauh used a combination of both self-reports and observational data in reporting changes in parents and teachers' interdependent and independent beliefs.

The decision to include observational data in analyzing provider's caregiving beliefs was based upon parenting style literature and child development methodological issues. Nearly all of the literature reviewed for this study combined the use of self-report and observational data in describing parenting style (Burgess, Rubin, Cheah, & Nelson, 2001; Chao, 2001; Chen et al, 2003). The choice by researchers to combine both self-report and observational data may stem from the desire to capture a more comprehensive portrayal of parenting style and dependency since "correspondence between verbally expressed attitudes and actual behaviors has been one of the classic and most troublesome research issues in social psychology" (Kochanska, Kuczynski & Radke-Yarrow, 1989, p. 1). Combination of self-report and observation can also inform the researcher about what parents believe and provide a comparison of beliefs and behaviors (Kochanska, et al, 1989). The concern in using only interview data for the caregiving and dependency paradigms in this study was the great potential for providers to have difficulty accurately articulating their own practices and beliefs in these areas. Even during data collection, I could sense the providers' difficulty in articulating beliefs about child-rearing. Most often the verbally stated beliefs were expressed through providers' stories of interactions with children. However, when discussing spiritual matters, providers appeared at ease and quite comfortable articulating spiritual beliefs. For this reason, both interviews and observations are used when analyzing and reporting findings regarding caregiving behavior and dependency paradigms to provide a more accurate assessment of both constructs.

The analysis of daily routines was based upon the work of Thomas Weisner (2001). Weisner's ecological model of cultural understanding utilizes systematic observations and the Ecocultural Family Interview in attempting to understand the pathways for children's development. Observations of daily routines are combined with active interviews in constructing

a meaningful description of how care is provided in a culture. The specific interview protocol was not used because it has not yet been validated on the Chinese culture. However, the general categories of physical, educational, social, emotional, and spiritual routines were derived from this interview. Information gained from interviews and observations are then coded and analyzed together. The interview and observation data for the present study was analyzed and coded separately to determine any discrepancies between interview and observational data. However, in the next chapter, the findings of this analysis will be reported concurrently to provide a unified sense of the routines within the orphanage.

The decision to analyze spiritual attributions in describing how providers integrate their faith in care came out of research in child and youth care. Literature in this area emphasizes the impact providers have when attending to their own and the children's spiritual identities (Crawford, Wright & Masten, 2006; Scott & Magnuson, 2006). Attributions such as God as a source of comfort and strength, spirituality as a source of meaning in life, and spirituality as a motivation for caring have all been examined in child and youth care research. The use of spiritual attributions in describing how providers integrated their faith in caring for the children came almost exclusively from the data. Spiritual attributions were analyzed based upon interview data only. Very little observational data was recorded of provider's specifically instilling particular aspects of their faith. The spiritual components involving children were analyzed as a child spiritual routine rather than a spiritual attribution. Most research investigating spiritual attributions rely on the use of semi-structured interviews (Bergin, Stinchfield, Gaskin, Masters & Sullivan, 1988) which are either freely coded or coded according to pre-determined themes. For this study, all codes developed from analysis of the data. The exact label for each code came from literature on children's spiritual development and child and youth care.

The decision to code particular behaviors and statements came from the thematic elements within the data, but the criterion used to determine whether a particular code was included in analysis came from reviewing literature. The original 111 codes were too extensive to provide appropriate analysis. The original set of caregiving behavior codes was limited to those codes which matched behaviors most frequently identified in Chinese parenting literature. This provided codes that clustered around two dimensions of caregiving behavior, directiveness and responsiveness. Each of the code clusters came out of literature defining authoritarian and authoritative styles of parenting. The objective was simply to examine the relative frequency of directive and responses behaviors in the caregiving environment. This focus on the frequency of behaviors in the environment as a whole is a departure from the way researchers have typically looked at parenting style. Nearly all parenting style literature reviewed for this study have focused on measuring the styles of individual caregivers, using standardized measures with the criterion being in the upper tertile of particular caregivers to represent the category of one of Baumrind's four styles (Hill, N., Bush, K. & Roosa, M., 2003; Lamborn, Mounts, Steinberg & Dornbusch, 1991; Miller, J., DiIorio, D., Dudley, W., 2002; Steinberg, Blatt-Eisengart & Cauffman, 2006). For this qualitative study, a standardized measure was not chosen because of the exploratory nature of studying a unique sub-group of people. Additionally, individual providers were not being evaluated to determine individual caregiving styles. Rather, all four providers' behaviors shared equally in contributing to the description of the overall caregiving environment. For this reason, the criterion was not the upper tertiles or results from a factor analysis. The goal is to simply examine the overall frequency of behaviors, rather than code individual styles. A similar method was used in Chao (1995) qualitative study of differences in

parenting beliefs and in assessing the emotional climate of the caregiving environment in Wishard Shivers, Howes & Ritchie (2003).

4.6.2 Inter-rater reliability

A Graduate student from the University of Pittsburgh was used to calculate reliability. Inter-rater reliability was calculated at .85 for the final codes. Areas of discrepancy were reviewed for any commonalities among disparate codes. The most commonly agreed upon codes were Spiritual Themes. When coders disagreed, the disagreements most often resulted from more codes within the same category being assigned by one of the coders. For example, one unit may have been coded as Adult directed, Anxious and Didactic by one coder and only Adult directed and Didactic by the other. Additionally, the student coder tended to code authoritative behaviors less often. This may have been influenced by the more concrete nature of statements/behaviors that fall within an Authoritarian spectrum than those that fall within the Authoritative realm. A provider's command to sit down to a meal may be more easily recognized as Authoritarian than a provider taking time to sit and talk with students at a meal being recognized as Accepting (Authoritative).

4.6.3 Quantitative Analysis

In completing this process, the need to analyze the frequency of particular beliefs and routines and possible correlations among providers became evident. A spreadsheet was created using 24 coding categories from the qualitative analysis as variables, adding provider (caregivers 1 and 2,

director, co-director) and child age (young, old, or both) as additional variables. “Cases” or “units” were defined as one single statement or action. This unit of analysis was the most appropriate for the data set. Some paragraphs contained several sentences to explain one topic and would therefore be coded as one unit. Alternatively, some sentences contained multiple topics and would consequently be coded as multiple units. Some coding categories were mutually exclusive such as Dependency paradigm in which only one could be chosen for Independent, Dependent, or Interdependent. All other categories were not exclusive, with the exception of the two codes of Adult Directed and Child Directed. Frequencies for Caregiving Behavior, Routines, and Spiritual Themes were conducted. Additionally, Pearson Chi Square test of significance was calculated for each of the four main categories to determine the relationship among the codes.

4.7 MANAGING DATA

All field notes and transcripts from interviews and observations were translated and transcribed by a Christian, Chinese-American woman. She has provided translation services for several years, but this was the first time she transcribed data from a videotape. During our first visit, I identified each of the participants for the translator. No personal identifying information was placed on the transcripts. The transcriptions were placed on computer disk and sent directly to me. Children’s names were not used, only age category (primary/high school) was reported in transcripts. Sex of child could not be identified on the transcript since all of the children have very short hair and it would have been difficult for the translator to distinguish males and females accurately. All videotapes from the project were stored in a locked cabinet at the

University of Pittsburgh upon completion of the transcription. Upon successful completion of this project, all videotapes will be destroyed.

5.0 RESULTS

This chapter displays the analysis of findings based upon the fundamental research questions: 1) What do providers believe is their role in meeting the social and emotional needs of children in their care?, 2) How do providers support the children's social and emotional development through their daily routines?, and 3) How do the providers integrate their faith in caring for the children? In initial analysis of the data, 111 specific codes were identified. Not all of the codes were particularly connected to the overall research questions and the large number of codes made meaningful analysis difficult. The choice was then made to select codes most salient in answering the research questions and connecting results to established elements in the literature.

Upon review of the literature, four broad themes emerged that were relevant to Chinese culture: Caregiving Behavior, Dependency Paradigms, Daily Routines, and Spiritual Attributions. All four areas were also linked to elements of my overall research questions. Parenting style is a significant descriptor used in assessing the approach to child care within the Chinese family. Traditionally Chinese parenting has been described as authoritarian. However, recent research has challenged how accurately Baumrind's (1991) mutually exclusive descriptions describe Chinese forms of parenting. Therefore, in this study, authoritarian and authoritative styles were operationalized into pertinent behaviors that were not mutually exclusive, allowing for coding of both authoritarian and authoritative behaviors in the same unit. Dependency Paradigms (adult provided, adult directed independence, and cooperative behavior)

capture the level of inter-relatedness and maternal involvement in interactions among children and providers. Encouragement of independent behavior is associated with better child socio-emotional outcomes yet the Chinese culture values cooperative behavior and traditionally encourages continued dependence upon care providers much later into childhood than Western parents. Daily Routines were analyzed based upon research by Thomas Weisner's (2002) ecocultural theory. His theory states that "daily routines are the elements within a culture that solidify the important aspects of that specific culture" (p.276). Analysis of daily routines can also provide information about the roles adult providers hold in the orphanage, that of professional caretaker or that of surrogate parent. Institutional frameworks typically focus upon physical care routines in a detached, professional manner (Sloutsky, 1997; The St. Petersburg-USA Research Team, 2005). Four particular spiritual attributions were selected based upon dominant themes in the literature that also related to elements of caregiving: God-My Helper, Meaning and Significance, Group Belonging, and Sacred Calling. The four spiritual elements related to either the support system found in their faith (God-My Helper and Group Belonging) or the reason/justification for their work with orphaned children (Meaning and Significance and Sacred Calling).

Findings based upon the four broad themes of Caregiving Behavior, Dependency Attributions, Daily Routines and Spiritual Attributions will be discussed in greater detail in the following sections. Each theme is discussed in relation to the research question it answers. Caregiving Behavior and Dependency Paradigms contribute to answering the question of what providers believe their role is in supporting children's social and emotional development. Daily Routine themes answer the question of how providers structure daily activities to support

children's social and emotional development, and Spiritual Attributions themes contribute to answering the question of how providers integrate their faith in caring for the children.

Additionally, after reviewing the data qualitatively for sub-themes, particular questions arose that could only be answered quantitatively such as: Which routines were most prevalent? How did care differ between caregivers and directors? How often did authoritative and authoritarian behaviors coexist? Codes were quantitatively analyzed to provide answers to these and other questions. Tables are presented for the first three themes to provide a visual display of the quantitatively analyzed sub-themes. Counts provide the number of units in which each code was recorded. This familiarizes the reader with the codes in each section and provides a brief overview of how often the particular behavior or belief was recorded throughout the study. The tables also provide a simple way of displaying and comparing data from interviews and observations and allows the reader to determine if there are any discrepancies between the two reported styles of data.

5.1 PROVIDERS' ROLES IN SOCIAL/EMOTIONAL CARE

Before examining results associated with the first research question, the term provider must be defined. In this study, *provider* refers to any of the adults responsible for the children's care. This includes the director, co-director, and two direct caregivers. When the term caregiver is used, it is in reference only to the two direct caregivers. The term *director* includes both the director and co-director.

Results from two coding categories contributed most to answering the first research question, What do providers believe is their role in meeting the children's social/emotional

needs? The first category was Caregiving Behavior. Caregiving behavior was selected for analysis because orphanages are family-like arrangements or substitutes for family care. They differ from childcare centers or boarding schools in that the children do not go home at the end of the day, this is their home.

The second category serving to describe provider's roles in promoting children's social and emotional development was Dependency Paradigms. Chinese parenting literature is replete with analysis of parent's orientation toward encouraging dependent, independent, or interdependent behavior. Exploring and examining the sub-themes from Caregiving Behavior and Dependency Paradigms establishes a more detailed description of provider's roles in promoting children's social and emotional development.

5.1.1 Caregiving Behavior

The general categories of directive and responsive were chosen to describe the actual behavior associated with authoritarian and authoritative styles of parenting. These categories were further operationalized through codes describing particular behaviors and beliefs within each of the two broad categories. Both observations of behavior and reported beliefs were collected and analyzed in an attempt to describe the caregiving environment. As described previously, this study was a case study of one orphanage. Individual providers were observed, but their behaviors were not analyzed separately. Rather, their behaviors were combined to inform the study about the overall caregiving environment within this orphanage. While this method of combining information from self-report and observation to assess the overall caregiving environment is not common, it has been utilized in institutional care (Sparling, Dragomir, Ramey & Florescu, 2005) and childcare research (Wishard, Shivers, Howes & Ritchie, 2003). It was felt that both were needed

in order to establish the nature of what providers believed their role was in caring for the children. Beliefs, as stated through conversations and interviews, and observations were compared to determine to what extent stated beliefs matched the actual behavior of the providers. Table 1 provides a visual display of the specific codes in addition to a summary of the number of times each of the codes in the area of Caregiving Behavior was either observed or spoken of (interview content) throughout the study. Observed behaviors are displayed separately from interview data and show a reasonably close match between observed behaviors and stated beliefs.

Table 1 Frequency of Caregiving Behaviors

Theme	Observed Count	Percentage (N= 486)	Interview Count	Percentage (N= 308)
Caregiving Behaviors	486	100	308	100
Directive	309	63	176	57
Adult Directed	129	26	72	23
Didactic	96	20	59	19
Anxious	56	11	35	11
Hostile	15	3	5	1
Rejecting	8	1	1	< 1
Intrusive	5	1	4	1
Responsive	177	36	132	43
Accepting	81	16	59	19
Child Directed	54	11	27	9
Supportive	33	6	36	12
Integrated	9	2	10	3

The directive coding structure in this study was designed to capture several aspects of directive behavior identified in Chinese parenting literature. Adult Directed and Didactic codes

captured the adult-led and direct teaching style of caregiving. Intrusive, Hostile, and Rejecting codes were included to capture the more controlling and coercive nature that is at times part of the directive caregiving. On the contrary, the more child-centered codes of support and acceptance were included to capture responsive provider behaviors. The various behaviors are viewed independently, but combine in varying degrees to provide an overall picture of the caregiving environment as it may support or impede a child's development.

The following sections describe in some detail the overall findings in regards to caregiving behavior. Directive beliefs and behaviors are described initially followed by findings regarding the specific Responsive codes. As a summary, an analysis of how often both directive and responsive behaviors were observed together is presented.

5.1.1.1 Directive Caregiving Behavior

Beliefs and behaviors across all providers were more directive than responsive. Directive codes were assigned when providers set the agenda and expectations for the children or emphasized the provider's role in directing children's daily activities. This directive behavior was evident across all age groups, although caregivers tended to spend more time directing younger children's activities. The director and co-director of the orphanage provided little direct care of the children, but were responsible for 50% of the directive codes assigned. A large percentage of these were the result of hierarchical beliefs, with the directors being the leaders, followed by caregivers, then children. A hierarchy was implicit in the relationship among directors, caregivers and children. Directors set expectations for caregivers and caregivers set expectations for children. The co-director expressed during a conversation that the caregivers were "in charge of the day-to-day things", but the directors were available to settle any matters if the children would not listen to the caregiver.

The two most frequently coded directive beliefs were Adult Directed and Didactic. Adult directed codes were assigned when a provider expressed their leadership in caring for the children or directed the children to complete a task. Caregiver 1 expressed to me the relationship she has with the children

C1: When the kids get up I watch over them every morning and see if they have put out their coat neatly. If the children are coming in the door I tell them to please walk slowly.

The adult directed behavior was repeatedly expressed in conversations with providers as they described their duties. Providers believed that they must provide the structure and guidance to the children in order for them to learn proper behavior. The co-director expresses this adult directed nature as she tells me about her morning schedule

CD: For example, in the morning, I'll watch them [children] how well they dress. I'll tell them walk slowly to school after they enter to school, I'll come home. In the evening time I will go to school to pick them up.

When providers expressed their adult directed beliefs, they were not harsh or intrusive, those beliefs were separately coded and rarely paired with adult directed codes. The adult directed beliefs tended to be matter-of-fact type statements made to express their duties in providing for the children.

These adult directed beliefs were evident as every weekday caregiver 1 (C1) was observed organizing the primary-school-aged children to ensure that everyone was dressed properly and had placed their book bag by the front door. Then, children would gather around the

caregiver while she wrote down who needed money or supplies for school as in the following scenario

C1: Who needs money for school fee today? Raise your hand if you need to pay today... Tell your teacher that Ma is busy this morning but I will pay the school fee this afternoon for you.

Adult Directed codes were assigned as providers maintained structure at the orphanage by directing children when to eat, study, complete chores, and prepare for school. Again, like the beliefs, adult directed behaviors tended to be matter-of-fact statements made to guide children's behavior as in the following example from caregiver 1 (C1)

C1: Put hoola hoops away in storage room and put on your shoes. Tell Your teacher that ma is busy this morning but will pay school fee this afternoon for you.

The Didactic code differed from Adult Directed and was assigned when providers emphasized or displayed an instructional quality that went beyond being adult directed. However, nearly all Didactic codes were paired with Adult Directed codes (with less than half of all Adult Directed codes paired with Didactic codes). This may have been attributed to the way each code was defined. Adult directed captured the source of the direction while the Didactic code explained the instructional nature of the direction given. More simply, the direct-instructional teaching of a child was didactic and because it involved the adult's direction, also was considered Adult Directed.

Didactic beliefs were nearly always attributable to one of the caregivers, not directors. This may be more related to the role each played, with caregivers assuming a more direct-care role. Didactic beliefs were coded as providers expressed their need to teach the children, not just

oversee or lead their daily activities. When caregiver 1 (C1) was asked to describe how she met the young children's needs, she responded

C1: Those new kids who came to our orphanage recently have bad habits in the countryside. After they finish drinking they will throw the remaining water on the ground, so you have to teach them that you can't throw water on the ground.

In describing her duties within the orphanage home, caregiver 2 emphasizes her role in teaching the children responsibility

C2: For example, the kid who lost his money, I will tell him not to walk around with it and how to give it to his teacher, he can not figure out what to do.

Didactic behaviors were noted when caregivers were explaining a task they wished the children to accomplish, such as a chore. On one occasion, caregiver 1 came back to the orphanage with a sack of hundreds of potatoes. She placed the potatoes on the front porch and gathered potato peelers and several large bowls, some filled with water and some empty. After collecting the necessary materials, she directed several younger children to help peel potatoes (the adult directed element). Note the following excerpt in which caregiver 1 (C1) specifically instructs the children (didactic element) in how to go about preparing the potatoes

C1: Let's all wait on line to wash your hands. One of you go inside and get the clean towel out. Use the basin to wash. Go with one direction. After you finish washing, you come back to another direction. If you do this, you won't feel too crowded...Now you all sit here and take skin off potato like this [demonstrates peeler] then put the potato in this bowl.

The fact that the adult was leading the task coupled with the instructional nature of her approach resulted in this portion being coded as both Adult Directed and Didactic.

The greatest number of adult directed and didactic codes was found when caregivers discussed children's spiritual development. Caregivers and directors expressed multiple times that the caregivers would be in charge of teaching the children Biblical lessons once each week when a normal routine was in place. There was also a significant relationship between child spiritual routines and caregiver directive behavior, with over 25% of all child spiritual routines being coded as directive ($p < .01$). The spontaneous nature of individual mealtime prayers and spiritual songs was an unexpected finding in this study. Based on my previous experiences, I expected rote learning of Bible verses and scripted prayers. In this study, children would often initiate prayers individually, typically during mealtime. However, when the directors or caregiver 1 was standing nearby, one would often lead the children in a spiritual song or group prayer. Caregiver 1 or the co-director would periodically tell a particular child to pray. After the prayer was finished, one of the caregivers would lead the children in saying the *Lord's Prayer* (Jesus' example of how to pray found in Matthew 6:9-13). None of the prayers were scripted prayers, but seemed to come from a desire to communicate thankfulness for blessings and requests for continued provisions.

Caregivers were also more directive during a formal time of singing in which the children were practicing for a presentation they gave at the party planned during my stay. Caregiver 1 was asked by the directors to teach the young children songs for the party. Caregiver 1 selected all songs from a DVD of children's songs and motions. These songs were familiar to the children but the motions appeared new to them as caregiver 1 began to teach them. The older

boys were not involved in learning the songs and motions, but a few of the older girls were included. Caregiver 1 (C1) directs the children during a particular song

C1: Don't look at the floor. Let's practice that phrase—because I see the beauty of the glory upon your face when I look at you. Don't look at the wall and think that is the wall. You should imagine uncles and aunts who sit in front of you. When we sing the word 'sincerely', use your hands to make a picture of heart.

Although provider's beliefs and behaviors tended to be Didactic and Adult Directed, they were not harsh. The directive codes of Rejecting, Intrusive, and Hostile combined accounted for only 7% of the Authoritarian codes assigned. The only rejecting belief expressed was ascribed to a specific child's behavior being unaccepted in the orphanage and was discussed in a manner that attached a rejection of the child as a person. Intrusive comments such as the following were attributable to a provider's belief that they must control a child-child interaction

C1: Like this boy who was arguing with another. I took them both aside and told them they were both wrong.

The few hostile beliefs expressed were attributed to a caregiver's statements regarding the belief that spanking children was the method used for discipline. This caregiver also expressed her belief that this method was unsuccessful and now she talks to the children.

Observations supported the finding that rejection, hostility and intrusiveness were not core parts of the providers' beliefs. There were only two notable occurrences of rejecting behavior. One came when caregiver 1 introduced me to a young child

C1: This boy after his father passed away and learned from his mom.

Because his mom is deaf, so he only knows how to say, “Ah, Ah”.

PC: I can’t imitate her now.

C1: You cant speak to these two teachers with “Ah!”. Otherwise they won’t be able to understand you. Do you understand me?

The incident was coded as Rejecting because of the caregiver’s shaming of this boy’s past and his difficulty in developing appropriate language. She chose to say this in front of the boy, other children, and me. Another incident was coded as Rejecting and Hostile when the directors were arguing over who to invite to the party that night. Both individuals were yelling loudly at each other. However, the argument soon stopped as the primary school children started arriving home and one girl came up to the director to talk to him. The director chose to turn his back and ignore the child’s bid for attention. The few incidences of intrusive behavior were occurrences of one adult interjecting themselves into a group of children as they were attempting to organize their own play. One occurrence of intrusive behavior occurred as older children and younger children were playing a make-shift game of basketball. The older children were organizing the younger ones and the group had been playing successfully for about 15 minutes when caregiver 1 directed certain children where to play.

5.1.1.2 Responsive Caregiving Behavior

While the majority of coded segments identified as Directive caregiving, a large number of behaviors were coded as Responsive (36%). Responsive caregiving enforces appropriate standards and is responsive to children’s individual needs. The specific behaviors coded as responsive in this study were: Child Directed, Supportive, Accepting, and Integrated. Some codes within Caregiving Behavior were mutually exclusive, but only with each other. For example, a coded unit (unit = one articulated practice or behavior) could not be both Adult

Directed and Child Directed or Integrated and Didactic since these codes are direct opposites of the other. However, a unit could be coded as both Adult Directed and Supportive. Units containing the Integrated code could also contain a Rejecting code. In fact, many instances were recorded of accepting and supportive behavior being paired with adult directed, concerned, and didactic behaviors.

Acceptance was coded frequently when an adult made an encouraging remark to a child, such as when caregiver 1 (C1) praised a child for making a good play in make-shift basketball game and when she commented about how one primary-aged child was smart. The director also acknowledged an older child's creative abilities when the child drew pictures for my translator and me. Accepting behavior was also noted for several children as the children took turns showing off their singing and/or dancing abilities at the party that was given in my honor.

Accepting behaviors often included an adult's acknowledgement of the child's feelings. Money is a scarce and valued commodity in the orphanage. Despite this, C1 manages to be excited as one of the newest primary aged children (PC) comes home and says

PC: My school distributes new uniform and I ask mommy for 70 RMB. I'll ask her now [PC runs into dining room with uniform and shows to C1]

C1: [with smile as PC hands her the uniform] You are such big girl going to school. You will wear this well.

A similar situation occurred when a young child came home and was very excited that she needed a book for school. As soon as the child came home, she told C1 and the co-director who assured her that she would go the store the next day to purchase the book for her. The next day C1 spent several hours going to different stores looking for this book.

When an adult's response extends past accepting a child's feelings and involves actively encouraging them, as in C1's effort to obtain this book, the code of Supportive is given. Again, C1 shows acceptance of a child's feelings when a young boy's toy was broken

C1: Last night he was crying because he lent his gun to another child.

Before he lent it out, that gun was fine. After the other child returned back to him, it broke. He was so angry and he cried loudly upstairs... I walked upstairs and saw him sitting on the floor and cried uncontrollably and told me the story. I told him, "Don't worry! I will buy another one for you". In the beginning, he didn't want to get up, after he heard my promise, he stood up. That's just a small thing that happened last night.

The co-director (CD) also shows both acceptance and support for children in this excerpt from a conversation

CD: In the evening time, there are many small children surround me. One evening, I'll hold two of them in my arm. One evening I'll hold the other two.

C1 and C2 would periodically sit with the high school-aged children as they ate breakfast or dinner. The mood was always light as caregivers and children talked about events that happened that day, share funny stories, or talk about various topics of popular culture. Caregivers never seemed to dominate these conversations, but would listen attentively to the children and periodically share their thoughts. The caregivers were extremely busy throughout the day. Their days began around 5:30 and typically did not end until midnight. These times of conversation displayed a conscious effort by the caregivers to convey their interest in the children.

Acceptance and support were displayed by the caregivers as they cared for ill children. As found in previous statements by caregivers and directors, the physical health of the children was of great concern to all the adults. The codes of Acceptance and Support were given during times when the caregivers displayed more than the basic provision to maintain a child's health. One high school-aged boy became ill with a high fever during my stay. The caregivers took time to bring him water, prepare hot water bottles for him [the only way to help him keep warm since there was no electricity in the orphanage for the first 5 days], and spend a few minutes throughout the day sitting with him on the bed or at the table. He did not have to eat when the other children ate, but could eat when he was feeling well enough to come downstairs.

A young girl also became ill during my visit. She has a very bad sore throat that would not get better. C1 spent several hours at the hospital with this child to obtain the necessary medicine for her. After arriving home with the medicine, C1 and C2 would sit with her periodically since the medicine was distributed through an IV drip in the child's hand.

Accepting and supportive behavior was also incorporated into discipline with the children. C1 and C2 relate to me (R) their need to consider the child's feelings and alter discipline methods according to the differences in each child:

R: How do you discipline the young children?

C1: I was never a teacher I don't know how. If the children made a mistake I would spank them but then that would not work. It made them more disobedient. I cried to God, I can't discipline these children! The children did not want to see me upset so they said they were sorry.

In a conversation about discipline of the children, C1 conveys to me (R) a story of how an incident with one of the older boys was resolved and how respect for children is considered when handling discipline

C1: I will talk heart to heart with them. I will let them know that I am your mother. I will let them know when they have made a mistake. One girl knew she did a wrong thing and wrote a letter to me and put it beside my pillow. I wrote her back and put it on her bed. Sometimes the older ones can bully the young ones. The young ones will come to me. I will take the older child to another room and secretly talk to them.

R: I notice that you teach the kids by talking about everyday life events, not by sitting down and teaching them a lesson. Is this the way you think is best?

C2: Older kids understand more. When you tell them something you can tell them directly. Young kids don't understand so it takes them long time to talk to them...I think this is the best because we are so busy we don't have time for formal way.

I did not observe the caregivers 'teaching' children how to behave in a classroom-style method. Just as the excerpt from the caregivers explain, the caregivers used disagreements among children as time to teach Biblical principles of loving each other, and pass on to the children the caregiver's expectations for behavior. This was a repeated occurrence as small disagreements occurred among the children.

Accepting and Supportive codes were also the codes most often combined with directive codes as caregivers disciplined primary-aged children. In conversations with caregivers, they

repeatedly expressed their dominant role in directing a child's behavior, yet the sensitive manner in which they approached children contained elements of accepting and supportive caregiving. Such was the case when one primary school-aged boy came to the caregivers to confess that he lost the money he had been given the day before. The child (PC) confesses to caregiver 1 (C1) and caregiver 2 (C2) why his school fee was still unpaid

PC: [wipes away tears] I do not have my money you gave me yesterday. I held it in my pocket and did not give it to my teacher. I can not find it now. I do not know where it is.

C2: You must be more careful.

C1: Next time give the money to the teacher rather than keeping it in your pocket. Here is more money. Give it to your teacher right away so you don't lose it.

This scene was filled with an anxious anticipation. Several primary children were gathered around the boy before he told the caregivers. The children talked amongst themselves wondering what would happen. The caregivers did not show warmth and affection in any physical display of acceptance, such as hugging the crying boy. They did not reflect back his feelings (e.g.: I can see that you are very upset by what happened. Your crying tells me that you feel disappointed that you lost the money...). However, there was an unstated acceptance of this child, separating his mistake from him as a person. As soon as the caregivers gave the boy additional money to pay the fee with an admonition to present it to his teacher sooner this time, there was a lifting in the tension that had built among the primary children who were watching.

In a conversation describing her relationship with the children, caregiver 1 (C1), again expresses to me (R) a level of warmth while maintaining an adult directed tone:

- R: Can you describe your relationship with the younger children?
- C1: When the kids get up I watch over them every morning and watch if they have put out their coat neatly. If the children are coming in the door I tell them to please walk slowly. I pick up the kids in the evening from school. Because so many kids are here I sleep with them together. They want to come to my bed. That gives them the feeling like I am their mother.
- R: What do the kids want from the closeness?
- C1: Mother's love. In school the other kids know they are orphans. The other kids bully them. They come back crying to me [C1 eyes begin to tear, response is very emotional]. They tell their classmates that they do have a mom...so I go to school.

Again, the caregiver's monitoring and redirecting behaviors are described in an authoritarian manner. Nevertheless, the level of affection, acceptance, and support for the children is evident in her desire to meet the children's need for motherly intimacy and her emotion-filled response to ensure that the children's classmates knew the child had a mother.

The two other responsive codes, Child Directed and Integrated were observed evenly across age, and most often noted during social routines. Child Directed codes were assigned when caregivers permitted the children to take the lead in directing their own behavior or making their own decisions without adult direction. Nearly all of the Child Directed units occurred during unstructured social time when older children talked amongst themselves and younger children engaged in self-directed play. Caregiver and directors rarely directed play or facilitated play among the children. Caregivers did not appear to identify with the role as facilitator of social interactions. Only one incidence of adult directed play was observed during this study.

This particular episode started as child directed, but caregiver 1 and the co-director restructured the play for a brief time while they engaged in play with the children. Children tended to loosely organize themselves without the intervention of adults.

Coding segments as Integrated was more difficult than the other responsive codes. Integrated was defined as the provider's modeling or indirect teaching of a behavior or belief. In some literature this may be associated with inductive parenting, in contrast to didactic methods of parenting. In most cases codes were assigned when particular statements or behaviors were verbally or visually obvious. Integrated codes were assigned when behaviors were more subtle. Typically, Integrated codes were associated with transmission of moral or spiritual beliefs. They often included caregiver's modeling of love and respect for all people in how they interacted with each other, the children and the directors. Providers did not simply command the children to love and respect each other as family members, they modeled the love and respect as family members for the children to imitate. All adults at the orphanage held the expectation that children should love each other and be respectful to their elders. There were times when this was didactically taught through statements made by the caregivers or directors. However, there were many times when this was lived out in the caregiver's attitude and behaviors when interacting with each other. The caregivers shared responsibilities in caring for the children's physical needs and never once during the observations disagreed about the tasks needing to be completed. They seemed to understand the strengths each possessed and mutually defined their own roles in this new jointly operated orphanage. Caregiver 1 appeared to take the lead in the direct care interactions with the children while caregiver two played a more supportive role in meal preparation and cleaning duties. Caregiver 2 acknowledged this difference in roles and attributed the difference to the greater number of years caregiver 1 has in working with the children. The

directors would periodically enter the orphanage and make a request to one of the caregivers. The caregiver would immediately respond to the request. Additionally, when any one of the adults needed help, someone would be available to help them.

Integrated behaviors were also noted in children's spiritual development, but not in the specific Child Spiritual routines. Very few direct lessons were observed during my stay, although I was told that once the caregivers had time to discuss things, they would implement a time to teach the children about the Bible. Most of the spiritual lessons for the children came in the form of putting beliefs into practice. For example, the co-director (CD) professed that God is her and the children's provider and that Christians must rely on God for their needs. Her faith was tested in the children's presence as this excerpt displays

CD: Once it was a funny thing, there was a monk. This Chinese New Year he came here. This monk is very rich. He brought rice and oil for the orphans and said to the children that next Chinese New Year the kids come to his temple. He said you don't have to worship me you can come to the temple to worship the idols. I said absolutely not! We believe in Jesus and there are no children who will worship that. I want to rely on God, Almighty God.

In a separate interview with the director (D), the same sentiment was shared:

D: I have to live my faith out. I can't just preach to others to love. I have to show them by practicing the Biblical truth. [D leaves room and comes back with 2 bottles of Coke] I see both of you are thirsty right now. Let me give you Cokes to drink to act out what I just said.

Several times the caregivers discussed a time when the children were ill or needed to perform well on an important test and the caregiver's response had been to pray with the children for God's help. Children were also present when caregivers and directors openly recognized and thanked the Lord for the healing of an elderly man who was prayed for two nights ago by some of the church members.

5.1.1.3 Concerned Caregiving

In analyzing the data, one additional sub-theme emerged, concerned caregiving. A certain degree of concern for a child's well-being is a positive attribute and responsive in nature. However, cautious caregiving that is too frequent or is consistently focused on a particular aspect of the child's care can lead the child to develop anxiety-related disorders, excessive shyness, and poor social skills (Wood, McLeod, Sigman, Hwang & Chu, 2003). In this study, concerned caregiving was coded when a provider's actions or statements expressed concern over a child's current or future well-being. This definition differed from pathologically anxious caregiving as described in some literature (Berg-Nielsen, Vikan & Dahl, 2002). The statements and behaviors were analyzed for content and frequency to determine the nature and level of concerned caregiving displayed by providers which would indicate whether the behavior was concerned caregiving or reached the level of pathological anxious caregiving.

Concerned caregiving was noted primarily during conversations. Frequently, the caregivers were anxious about the health of the children, both physically and emotionally as evidenced by the following statements:

C2: When I was taking care of my children and they got disease I didn't worry so much. I just gave medicine. But with these kids when they get disease I feel so afraid. Almost 5 nights I didn't fall asleep. I sat beside them and

watched them because these kids are so special... When I take the kids to the hospital I carry them on my back.

D: I feel tired sometimes taking care of the kids. I worry that they will get diseases. I have love wrinkles [points to face].

The adult providers' concern over the physical health of the children led to many observations of concerned caregiving such as when C1 called over one boy to fix his shoes so that they were tied tightly and placed lip balm on another child's lips. Even D made a conscious effort to notice the physical needs of the children as he wiped several children's noses that had colds and admonished one girl not to scratch her face. All of the statements and behaviors appeared well within the appropriate level of concern.

Approximately half of the provider's concerned statements related to the burden that life has brought to the caregivers, directors, and children. Directors' concerns were often associated with the orphanage's financial instability. Nearly all of the co-director's conversations and interviews contained some element of apprehension over paying for the children's school fees, medicine, or debt incurred after attempting to build one large orphanage and church. The high frequency and sole focus of the co-director's statements were notable, but understandable given her position.

5.1.1.4 Summary

The most straightforward way of describing the caregiving behavior in this study is directive yet responsive. Both caregivers and directors were fully in charge of the children's schedule. They determined when the children awoke, when and what they ate, where they attended school, when they studied, what chores needed completed, and how those chores needed completed. The

providers displayed a great deal of responsivity in interactions with the children. Providers acknowledged the children's pain in the loss of their biological family ties and appeared eager to fulfill some part of that family role in providing the warmth, support and nurturance that a family can provide.

Overall, responsive codes were associated with particular functions within the orphanage, Accepting/Supportive with discipline, Child Directed with social routines and Integrated with spiritual beliefs. In contrast, directive codes were pervasive across routines and roles within the orphanage. The combination of the two behaviors was more age-related than any one independently, with younger children experiencing more of the combined directive/responsive caregiving. This may have been related to the large number of Accepting and Supportive codes combined with Adult Directed and Didactic codes as they related to discipline. Discipline of older children was only briefly discussed in conversations and never observed during my stay. In this study, the combination of directive and responsive caregiving was pervasive and foundational to how caregivers believed care should be provided. Directive caregiving behaviors provided appeared to provide the order and structure within the orphanage. However, nurturing responsive behaviors were not just an afterthought; they were intimately tied to particular aspects of care. The differences in caregiving behavior across age appear to indicate that caregivers adjust their care to meet the different developmental demands of the children. Information regarding behavior gained through conversations and interviews corresponded to the behaviors observed during my stay, displaying providers' potential ability to articulate their own practices accurately.

5.1.2 Dependency Paradigms

Like Caregiving Behavior, Dependency Paradigms were analyzed in an attempt to discover what caregivers believed was their role in caring for the children's social/emotional needs. Supportive caregiving is reflected in the parent's ability to gauge the appropriate level of dependency for their child. Caregivers who exhibit high levels of intrusive and controlling behavior consciously or unconsciously encourage dependency in their child. At the opposite end of the spectrum, uninvolved, unsupportive caregivers create children who appear too independent and detached from their caregiver (Bush, Peterson, Cobas & Supple, 2002; Hill, Bush, & Roosa, 2003). Both extremes in independent and dependent behavior stand in juxtaposition to the Chinese culture which has traditionally been one that values interdependent relationships. In this study, the term cooperative refers to the group socialization and interdependent nature of interpersonal relationships. The intent in this study was to determine the extent to which caregivers provided for children's needs versus how often caregivers encouraged independent or cooperative behaviors among children. The three codes, Adult Provided, Adult Directed Independence, and Cooperative, were mutually exclusive meaning that only one code could be assigned per unit (unit = one practice or behavior). Adult Provided codes were assigned when children were reliant upon a provider for their needs. Examples include when caregivers prepared meals for children or organized their belongings for school. Adult Directed Independence was coded when children completed a task without any guidance or assistance from a provider, such as when children self-selected play activities or completed homework on their own. Cooperative behavior was noted when groups of children were encouraged to complete a task together or when a provider and children mutually completed a task. Examples of cooperative behavior included older children's assistance with younger children's homework and caregiver and children preparing the table for

a meal. Table 2 displays the number of times each of the three behaviors was observed and the percentage of time each code was assigned when any Dependency Paradigm was coded.

Table 2 Dependency Paradigms

Code	Observed Count	Percentage (N= 380)	Interview Count	Percentage (N= 380)
Dependency Paradigm	380	100	176	100
Adult Provided	248	65	121	68
Adult Directed Independence	87	23	39	22
Cooperative	47	12	16	10

5.1.2.1 Adult provided

Adult provided behavior was coded as any task performed by the provider in meeting children’s needs. The Adult Provided code was established to describe the time providers dedicated to meeting children’s needs versus the time spent encouraging either cooperative or independent behavior. Results show that adult provided behavior was the most frequently coded among dependency codes (65%). The Adult provided behaviors typically centered around two particular routines within the orphanage, child physical care and child spiritual development.

The physical care of the children, both young and old were typically managed by the caregivers. The most notable physical care routines caregivers engaged in were meal preparation/service and child health concerns. Caregivers made it a priority to serve meals to the children. Children were dependent upon the caregivers for all meals. Only a few of the oldest children served themselves rice from the steamer. When caregiver 1 (C1) was asked if the children ever helped with meal

preparation, C1 responded

C1: Only on the holidays. They don't have time in the ordinary days. Holidays have more dishes...Or if I am busy to get things done, I'll tell them to take your own rice bowl and own dishes.

Although some of the junior high school children would have preferred a different meal schedule, all of the children were dependent upon caregivers for what and when they ate meals. When one junior high school boy asked C1 if the junior high school children could eat later, C1 responded that there are too many kid to feed and it would be too much to do it separately. Caregivers assumed responsibility for caring for sick children as well. Caregivers arranged for medicine, special meals, and other comfort items such as hot water bottles and extra blankets when children were ill. While this may seem like ordinary care of any parent or provider, it is possible that this is not ordinary care within an orphanage setting.

The majority of child spiritual expectations and routines were coded as Adult Provided (57%). The exception was the independently completed mealtime prayers. Adult Provided codes were assigned when caregivers would lead the children in a spiritual song at meal time or lead them in reciting the Lord's Prayer. The selection and practice of Christian songs chosen for a party one night was also coded as Adult Provided. Caregiver 1 chose the songs, motions, and children followed her lead. This was in contrast to the high school-aged boys who were given freedom to create their own presentation without direction from the caregivers. The boys were apparently given much freedom in selecting their song since the boys chose to do a dance that included some 'hip hop' moves to a popular international song found on the internet, 'The Numa Numa Song'. One note of caution regarding this section is that the unit of analysis must be taken into consideration when understanding the relationship between Dependency Paradigms and

Child Spiritual development. Only Child Spiritual routines involving one of the adults or a statement made by an adult was coded. Children were not the unit of analysis, therefore, my observations of children reading the Bible by their own choosing, praying independently, or learning Christian songs without direction, encouragement or involvement from an adult was not included in the data.

5.1.2.2 Adult directed independence

Adult Directed Independence was most often coded for younger children. However, this does not imply that young children were more independent. During the weekday and the second weekend of my visit, the high school children attended school for the majority of the day. Therefore, fewer portions of transcripts contained observations with older children. Behavior was coded as Adult Directed Independence anytime a provider encouraged children to complete a task independently, without the help of a provider or another child.

Units coded as Adult Directed Independence involving older children most often occurred during completion of household duties or social 'free time'. Older children enjoyed make-shift games of basketball and badminton in the courtyard of the orphanage. Caregivers periodically joined in this play, but gave the children much freedom in organizing themselves and the younger children who wanted to join the game. Two of the older boys in particular appeared to be surrogate parents during my first few days at the orphanage. The boys would hold the youngest children on their lap, talk with them, organize games for them, and help them with their studies. Despite the older children's independence and assistance they provided to the younger children, caregivers maintained clearly defined roles. High school-aged children were like older brothers and caregivers were mothers. This distinction was made evident after I (R) noticed one older boy's relationship with the young children:

R: This boy must be a help to you. He works so well with the young children and is patient when explaining school work.

C1: He is not a caregiver. He is a student. He lives here and is a junior high student.

The next day, after the translator and I returned to the orphanage from church, I noticed that none of the adults were present. I asked the young child about this:

R: Are either of the caregivers home right now?

PC: No, one is at church and other is at factory making rice. I have my older brothers and sisters to take care of me.

Most of the children were outside playing with a basketball or badminton. A few were inside studying or listening to music. This more unstructured, independent behavior occurred only during the weekend. During the weekday, the routine was much more fixed into student/caregiver roles and fixed routines.

Independent behavior for younger children was encouraged when completing small household chores. The very youngest did not participate in these chores with the exception of washing out their own socks. Chores consisted of wiping furniture, sweeping floors, making beds, and helping to set out bowls and chopsticks for meals periodically. Caregiver 2 (C) describes why children are expected to wash their own socks:

C2: The kids just wash socks. Before we don't let them wash plate or bowl, but [D] says we should have kids do little things to help them be more independent.

Nearly all of the child spiritual routines coded as Adult Directed Independence were the result of children independently praying during meal time. For the majority of meals, the

children would gradually come to the table, sit, and begin to pray on their own. Not all children engaged in prayer during this time. The caregivers did not prompt any of the children to pray. It appeared that the younger children and those who were newer to the orphanage did not engage in this self-selected prayer time as much as the older children and those who had been in the orphanage for a few years. Even when caregivers and directors came to the table, they prayed individually. A few times the co-director (CD) requested that a particular person lead a prayer out loud. According to CD

CD: If teacher leads them, they pray together, otherwise they do it individually.

A portion of educational routines were also coded as Adult Directed Independence when children studied by themselves. The caregivers were not involved in the children's studies during my visit. They would periodically check to see if the children were studying, and redirect any who were not, however the majority of study time, especially for younger children was cooperative.

Cooperative

While independent behaviors were intentionally encouraged, cooperative behavior appeared more unspoken. Cooperative behavior was defined as any incidence of provider and child working together or when children were encouraged to work together to complete a task. Much like a large family structure, children provided assistance to caregivers and younger children when needed. When one caregiver was sick or in need, the other caregivers and older children would assume additional responsibilities until the caregiver was able to resume her duties. One such incident occurred during my stay when the orphanage had no electricity. Caregiver 2 was responsible for making the rice for each meal using several rice steamers. However, with no

electricity, the rice steamers had to be carried to the nearby soap factory (owned by the directors to help support the orphanage) that had electricity. For those few days caregiver 2 would awake at 2:00 am to carry the rice and steamers to the factory. She then slept at the factory until 5:30 am when she would carry the rice back to the orphanage and start preparations for breakfast. Each night one of the older girls would walk with caregiver 2 to the factory to help carry the rice and steamers, sleep with the caregiver, and then help carry the rice and steamers back to the orphanage in the morning. There appears to be an underlying assumption among all of the children at the orphanage that they should help adults when possible. During the few times I would help the caregivers set out bowls and chopsticks, a young child would come soon after to do the job for me. When I expressed my surprise at how willing the children are to help, caregiver 1 (C1) explained

C1: When I ask them to help me in the middle of playing, they will not get angry with me and they will help right away. Even the big ones behave like that. When they saw us coming back with groceries, they will come out and help us carry in the groceries.

There was also a sense of group cohesion during times of relative crises. The co-director and caregivers expressed several times in conversations that the co-director's son and some of the more popular older boys would help the young children if they were being bullied at school. On the last day of my visit, three young children came into the orphanage in the middle of the day. One young boy was crying. The two other boys explained to the co-director and the caregivers that this boy had been hit by bullies at the school. The co-director reassured the boy that she would send her son to school to settle the matter (non-violently). The three boys went back to school while the co-director and caregivers went back to eating their lunch. The co-

director phoned her son to request that he investigate the problem with the boy at school. I was surprised by the calm manner in which the co-director and caregivers handled the situation and by the lighthearted mood expressed by the adults immediately after the boys left. My translator said that being bullied is a common occurrence in the schools, not only with orphan children. My translator was not surprised by the mood of the adults. She stated that this is a relatively small and reoccurring problem faced by school-aged children in this area of China and the caregivers and co-director are accustomed to situations like this.

The most notable area of cooperative behavior was related to the relationship between younger and older children. Older children were not told to care for younger children, they simply did so. Two of the older boys in particular appeared to be surrogate parents during my first few days at the orphanage. The older boys would hold the youngest children on their lap, talk with them, organize games for them, and help them with their studies. Despite the assistance the older boys provided, caregivers maintained clearly defined roles. Older children were like older brothers and caregivers were mothers. This distinction was made evident to me by a caregiver (C1) after I (R) commented on one boy's relationship with the young children:

R: This boy must be a help to you. He works so well with the young children and is patient when explaining school work.

C1: He is not a caregiver. He is a student. He lives here and is a junior high student.

Caregiver 1 appeared somewhat bothered by my statement and offended that I would relate a child's behavior to that of a caregiver.

5.1.2.3 Summary

This incident, along with the other examples of cooperative and adult provided behavior indicated that all children, regardless of age, were considered dependent upon the caregiver. Adult Provided behavior was the most frequently coded, followed by adult Directed Independence and Cooperative. Adult directed independence was most encouraged when providers intentionally taught children tasks to complete independently, such as making beds or sweeping floors. When observed, cooperative behavior resembled that of a large family structure in many cultures, not just Asian, where aunts help when adults are ill or consumed with other responsibilities and older children help take care of younger siblings.

5.2 DAILY ROUTINES IN MEETING SOCIAL/EMOTIONAL NEEDS

The second question I posed in this study was: How do providers' routines support the social/emotional development of the children? Thomas Weisner (2002) has operationalized ecocultural theory and posits that everyday routines are the windows into what is valued in a particular system. Routines are established in multiple layers within a culture from global through family systems and each system impacts the other. Therefore, I explored the frequency and context of specific routines in order to more fully understand how children's social and emotional needs were being met in this unique ecological niche.

Daily Routines were segmented into five main categories: Physical, Social, Emotional, Educational, and Spiritual. Again, the unit of analysis for this study was the caregivers and directors, not the children. However, because the research questions focus on how the providers care for the children, routines are situated in the context of adults caring for children. All routines

coded were the result of directly observing one of the adults participating in a routine or making a statement relating to one of the routines.

It was important to study physical, educational, and spiritual routines even though the questions in this study examine socio-emotional development. It is the collective influence of all daily routines that informs us of the overall caregiving environment. All routines combine in various ways to potentially support or impede socio-emotional development, not just direct social or emotional routines.

5.2.1 Physical Care Routines

Table 3 displays the frequency with which Daily Routines were observed. The second column provides the number of times the routine was coded while the third column displays the percentage of time that code was recorded when any Daily Routine was observed.

Table 3 Frequency of Daily Routines

Code	Observed Count	Percentage (N= 495)	Interview Count	Percentage (N= 495)
Daily Routines	495	100	305	100
Child Physical	296	60	161	53
Child Spiritual	74	15	47	15
Educational	74	15	48	16
Social	61	12	15	5
Emotional	26	5	14	4
Emotional-Family	20	4	18	6

Physical care was the most frequently coded routine in this study, with 60% of coded units (N = 495) containing a Child Physical Routine code. Physical care was defined as any provider statement or task associated with caring for a child’s physical needs including food,

housing, clothing, medical, and health. The importance of physical care was both observed in the actions of the caregivers and in the statements made about children's physical needs. Caregiver1 and caregiver 2 (C2), more than the directors, expressed to me (R) their priority in meeting the children's physical needs

R: What are the 3 most important things you do at the orphanage?

C2: First, give the kids 3 meals. Second, make sure the kids are happy- take good care of them and pay attention to their mental growth. Third wash their clothes. Fourth, pray in the morning and evening.

A significant difference was noted between the percentage of physical care provided for high school-aged children and primary school-aged children ($p < .01$). As might be expected, young children received the majority of physical care (40%). There were more young children present in the orphanage, and younger children tend to need more assistance with tasks such as dressing, preparing for school, and obtaining food than older children. However, when a caregiver or director provided care for an older child, 67% of those provisions related to physical care routines. Therefore, while caregivers involved themselves more often in the Physical care of young children, when caregivers were providing for older children, they most often were providing some type of physical care. This increase in physical care of older children may be due to the increased educational demands as the co-director (CD) explains

CD: The older kids have less because they have so much to do and they come home so late. They are doing much homework. Younger kids have more time to do things.

Further analysis of the codes revealed differences in subcategories of Physical Care. Both caregivers listed providing meals to the children as their first priority. The conceptual

significance of providing a good meal to the children became evident shortly into the coding process.

5.2.1.1 Meals

Caregiver's statements that meals were a priority to them was consistent with how much time caregivers actually spent in meal preparation, service, and clean-up. Caregivers were responsible for preparing three meals each day for approximately 27 children, two caregivers, and directors. Because of the school schedule and space constraints, meals had to be served in stages. First, high school children would eat, followed by primary school children, then caregivers and directors. Meal preparation involved purchasing all of the necessary ingredients at local markets, hand chopping meat, vegetables, and other ingredients, cooking the food, and steaming rice daily. All of these tasks were performed by the two caregivers. When asked if the children ever helped, caregiver 1 stated that the children only helped with meal preparation on holidays.

After each food was prepared, it was placed on a few separate dishes. These dishes were set out a few feet apart along the length of the table. Each child was provided with a rice bowl and chopsticks. High school children and older primary school children took their bowls to the rice steamers and filled their bowl with rice. Children began eating when instructed to do so by a caregiver, with small groups of children selecting the meat or vegetables from the set of plates nearest them. The only part of meal clean-up children were responsible for was to take their bowl and chopsticks into the kitchen and put them in the sink.

This routine was repeated three times each day, for each of three groups. The adults were never observed eating with the children. When asked why they did not eat with the children, the caregivers responded that they must continue preparing food for the next group and clean up from the group before. Only after the children finished eating could the caregivers take time to

eat. An additional reason why the adults may want to wait until the children have eaten may be the desire to ensure that all children have enough to eat. The following was a casual conversation between my translator (T) and caregiver 2 (C2)

C2: Some mothers will save the best food for their child and eat only basic food. That is why some days I will not eat. I want to make sure that the children have enough to eat. I did not worry so much with my children, but I worry about these.

T: That is true, I know many mothers who will serve their child meat and milk, but the mother will just eat rice and whatever basic thing she can find.

A cursory analysis of the providers' responses could be used to support literature from institutional care indicating that providers place greater emphasis on physical care routines than any other daily routine. However, the message each of the providers seemed to be conveying in their listing of priorities was that providing food offered the children more than a meal. The providers each viewed meals as a means of nurturing the children. Preparing meals was a way for caregivers to express their love to the children. Caregivers were always the last to eat. Just as caregiver 2 articulated, caregivers were often observed eating only the less expensive foods such as rice and vegetables while meats were saved for the children and guests.

A high level of consistency existed between what was said during conversations and observations of daily routines. None of the other daily routines or themes provided the same level of consistency between the caregivers. Directors, however, rarely mentioned food and were not a part of any of the meal preparations, service or clean-up. One exception existed in the contradiction between what the co-director reported as a priority and what was observed through

observation. While the co-director stated her first priority was to feed the children, the majority of her daily interactions with the children involved spiritual development.

5.2.2 Child Spiritual Routines

Spiritual routines were the second most frequently coded routine among all adult providers. However, among directors, spiritual routines were the highest. Directors accounted for 49% of Child Spiritual Routine behaviors and 62% when interviews and conversations were included in the data and. Spiritual routines differed from provider's personal faith-based statements or behaviors. Child Spiritual codes were assigned only when providers encouraged or led a faith-based activity involving children or made a statement concerning the spiritual development of the children.

Both the director (D) and co-director (CD) emphasized their desire for the children to develop spiritually, although the director was more likely to verbalize those as priorities than the co-director

D: Our priority for taking care of the children are first of all, care for their spiritual need.

CD: When we moved into this building there was this room, it had many posters of idols in this room. The kids, they saw it and tore it down. I said not to touch these, but they would not stop. They knew those idols are bad. I was so happy that they do this. This came from the spirit of God in their heart.

The caregiver's encouragement of the children's spiritual growth was often found at meal times as she led the children in prayer

CD: Let's close our eyes and pray: Thank you, Lord, you provide all our needs. I thank you Lord because you have created us and saved us... Lord I thank you for taking care of us for the past 6 years...Lord teach our teachers and us to love one another. Remove our hindrances, fill us with your love...Lord, you know each child has his weakness in his heart. Lord, deliver us and be with us. Lord, I thank you for giving us this building and provide all our food. Please sanctify them and nourish our bodies. Help each one of us really treasure our family... Amen.

I rarely observed the director interacting with the children. This may not have been common, however, since he had many extra outside responsibilities with the children, his family, and the caregivers having recently moved into the building. During the times we were able to talk, the director (D) clearly articulated his vision for the orphanage and how he desired the children to develop spiritually as a result of living here

D: I have a strong desire to teach them the word of God and the love of God to bring gospel to them to change their bad habit. I want them to know the reason father [D] do this to them is because the love of God motivated him to love them. After they grow up someday, they will have a heart of gratitude to thank God to use people like me to help them to know God. Not only they become a Christian, they will also pass on this love to those who need same love from God...They will become true Christian and testify to others about how God change their life. I want them to share...how they grew up in a loving orphanage while they were young and how they met father [D] and mother [CD] and what they did to them

through God's love...That's my dream in my heart. I also have another dream which is to raise up some children who will become pastor some day.

While the directors did not perform most of the teaching, they tried to carefully select caregivers who would exemplify these spiritual qualities. The co-director related the story of how they had to fire several caregivers because they "do not have good faith and love". Directors expected the caregivers to live out their faith for the children as the directors lived out their faith in view of the church, community, caregivers and children.

The caregivers were given the primary responsibility of teaching the children Biblical principles. They were not observed teaching any lessons, although the co-director and caregivers all stated that once the children and caregivers settle in to the new building, they will have a lesson once each week. Most of the spiritual training from caregivers came as the result of either discussions with children who were misbehaving or spiritual songs being sung at meal time. Caregivers preferred to talk with the children about their misbehavior and link scriptural principles to desired behavior. This method of discussing important moral and spiritual beliefs in context displayed caregivers' responsiveness to children' needs. Biblical instruction was presented in a meaningful way to children according to their level of understanding. This method has also been shown to be most effective in transmitting religious values from parent to child (Flor & Knapp, 2001).

5.2.3 Educational Routines

As previously stated, routines were coded based upon caregiver and director behavior. Therefore, the following results were not indicative of the amount of time children spent in educational

routines, but of how often the adult providers encouraged, supported, or thought about the children's education. Results showed that the caregivers more frequently spoke of or acted upon educational routines with primary children, with younger children accounting for 64% of all Educational routine codes. Older children accounted for 16% and combined older/younger accounted for 18%. Caregivers were responsible for the majority of the educational routines (78%), leaving directors accounting for only 22%.

Caregivers' interactions with young children during educational routines most often involved managing children in preparation for going to school. Caregiver 1 was observed each morning asking the children if they needed money to pay for school fees. She would have a notepad and mark which children needed money and the amount each child needed. Sometimes primary school children would be given the money to give to their teacher. Caregivers were also responsible for obtaining particular school books for the children, and paying for uniforms.

Caregivers were never observed walking the children to school. The children left approximately the same time and would walk in small groups a few blocks away to the school. The youngest children tended to walk together, usually without an older child, but the older primary school children typically walked close by. During other visits to China, I rarely saw children arriving to school alone. I had always observed young school-age children walking or riding on the back of a bike with an adult. I asked my translator if the children would walk alone to school if they were in a family. She informed me that it would be very uncommon for young children (below age ten) to walk to school without an adult. Caregivers were not involved in the children's day to day studies. Older children were expected to help younger children with any questions. Periodically, caregivers would go into the study room to ensure that the children were

studying. The lack of adult involvement in educational matters was most surprising to me considering the emphasis Chinese people place on educational attainment.

While Directors were not immediately involved with any of the school preparation or study associated with educational routines, certain behaviors conveyed the importance of educational achievement. Directors arranged to have a local man create a large stencil (each character about 1ft. high) of the following saying placed on the wall of the study room: Study Hard, Treasure Time, and Become Useful Person.

Additionally, an even larger stencil was placed in the second floor hallway outside of the main bedroom area which read: Knowledge will change your fortune, Study determines your future. While directors did not list the educational development as their first priority, culturally, it is a priority (Chan, 1999; Lin & Fu, 1990). The inclusion of the poster may be more about being Chinese than being a Christian or an orphanage director. It is possible that the minimal time providers invest in educational routines is not due to lack of interest as much as a lack of time and money. The caregivers started early in the morning and finished late at night by simply tending to the physical needs of the children and duties assigned by the directors. Additionally, while Chinese parents monitor their child's education, they do not necessarily provide the actual tutoring or assistance to the child. Most often children will attend special after school programs to help improve their educational attainment (Chan, 1999). Other private orphanages have hired tutors to help the children, but the financial strain this orphanage is experiencing prohibits additional spending in such areas.

5.2.4 Social/Emotional Routines

Social and emotional routines were the two least frequently coded routines. Social routines were any provider statement or task associated with children's friendships, play, or peer interactions. Emotional routines were divided into two more specific codes. The first code (Emotional) was assigned to provider's statements or behaviors associated with children's feelings, emotional attachments, or emotional needs. The second code (Emotional-Family) was assigned when provider's statements were specifically related to recognizing family related emotions such as children's need for family ties, pain of being abandoned, and sadness at leaving extended family. Social routines were the least coded at 12% among all daily routines (N= 495). Caregivers were responsible for nearly all of the Social codes (97%). Providers did not appear to embrace the role of social partner or facilitator for any of the children. Providers assumed a laissez-faire approach and tended to periodically monitor children's social interactions. The few times providers intervened in social situations involved either difficulties younger children were experiencing with bullies at school or disagreements between two children at the orphanage.

Emotional routines comprised only 9% of all daily routines, but were among the most coherent in terms of how they were articulated. Additionally, Child Emotional was coded fairly equally among all four staff members, with directors accounting for 55% and caregivers for 44% of assigned codes. As previously stated, emotional routines were divided into two codes, one general code and one specifically relating to family-related emotional needs. The dominant theme among general emotional routine codes was provider's recognition of children's painful life experiences.

5.2.4.1 Recognizing Painful Experiences

A theme associated with emotional routines involved the recognition of painful experiences in the lives of the children. Both directors (D & CD) and caregiver 1 (C1) recognized particular incidents as painful to the children and made a point of spending time talking with the children periodically to discuss these feelings.

D: I think there are three aspects to this problem [mental health of children]. They feel lonely and have a tendency to isolate themselves from other people. This due to their parents left them while they were young and they were sent to different relatives to stay, one day here one day there.

CD: [speaking of the former 3rd caregiver] When we saw the kids were afraid of her, we thought something was not right...There was one time when one of the young boys was out and needed to go to the bathroom and didn't want to go home so he came to our apartment. He walked around until we came home. When he took off his clothes we saw scars. We went to the house and took off the kids' clothes and found scars on them and one girl's feet were swollen [motions to show how swollen the girl's feet had become]. I fired the lady immediately.

The most heartbreaking sight was one of the girls, whose hollow eyes and emotionless face said more than any words could. Caregiver 1's face showed the sorrow she felt because of this girl's intense sadness

C1: This girl is so sad. No one knows where her parents are, so she lived with her grandparents. They are so old. They can not take care of her. She would not go to school. She was brought here because her grandparents

can not take care of her. She did not want to stay. She went back to take care of her grandparents, but they are too sick, so she came back here. Every day she wants to go back to her grandparents so that she can take care of them. She is so sad.

During conversations, caregivers and directors expressed the need to do more than recognize the emotional pain the children were experiencing. Each felt the need to do something to curb the pain. However, as with meeting a child's need for family, differences occurred along gender lines in their approach to meeting children's general emotional needs. Caregivers and co-director believed that they must talk to the children while the director believed the long-term solution to emotional health is found in teaching the children scriptures.

5.2.4.2 Family System

The most strongly articulated theme across all adult providers was found in the specific Emotional routine code relating to family emotional needs. The following is one example of how the director (D) expressed his desire to meet the children's need for a family

D: I want them to feel like they belong to a real family. I emphasize on the relationship between the children and the teachers and the relationship between the children and us. I want the children to call me father, call my wife mother and call teachers aunt.

The director's method to meet the children's need for family tended to rely upon providing children with a father-figure as evidenced by the following statement made during a conversation

D: I brought [girl] to our home because her parents were in jail for selling drugs. She lived in dark, shabby house with no water or electric, she would just lie on the sofa. I brought her in and said that I am your father. You can live here now and I will be your father.

The director did not emphasize the physical care, improved housing conditions, or educational opportunity this young girl would receive. The director chose rather to emphasize the establishment of a father-figure in this girl's life. Several other references to father were made when caregivers spoke of the director to the children.

The co-director (CD) and the two female caregivers (C1 and C2) emphasized physical intimacy as the means of meeting a child's need for family. Specifically, each mentioned the practice of co-sleeping as the primary means of establishing a mother-child bond

CD: They all come to my bed. Originally, we have less beds, two big beds and one small bed. They all come to the big one and I'll take turns to hug them. I want to be their mom. One child whose mom died earlier. So she did not experience to hold by her mom or anyone else.

C2: One older girl went to the factory with me [to obtain rice for the meal]. I have been living with that girl in one big bed at the apartment. This girl has no parents and she treats me like her mom.

C1: Because so many kids are here I sleep with them together. They want to come to my bed. That gives them the feeling like I am their mother. When I lived in the apartment there were 2 big and 1 small bed so every night we all stay in big bed.

With a warm smile on her face, caregiver 1 verbalizes the same sentiment in great detail as she shares how a relationship with one young girl was established:

C1: There was a little girl who came to live with me. She was very sad. She would not talk to anyone. I tried to have the girl sleep with me. I tried to have her touch my breast. The girl did not know why or how. Her mother must have died when she was just a little girl because she did not know how to use my breast. So... I taught her to use my breast.

When my translator and I were alone, I asked about the practice caregiver 1 described of teaching a child to use his/her mother's breast. She looked at me with a puzzled look and asked if American mothers do not do this. I informed her that breasts were used to nurse infants and possibly toddlers. My translator explained that this is a very common practice in this part of China. A child will lay down with a mother or grandmother if mother is not available, and place her hand on the mother's breast. This is viewed as a very comforting practice for a child. My translator stated that it is most frequently used with young children (before age seven), but that even teenage children will sometimes use their mother's breast for comfort, even though they would probably be too embarrassed to admit it to others. She told me of adult children she knows that will still continue this practice to either regain closeness with their mother or find comfort during a difficult time.

5.2.4.3 Summary

Daily Routines, according to Weisner (2002) provide us with a description of how a particular system functions. In this study, two general frameworks were possible for supporting children's development, an institutional framework and a Chinese family framework. The routines in this orphanage appear to include elements of both institutional and family frameworks. The high

levels of physical care routines and low levels of social and emotional routines were indicative of institutional frameworks. However, the inclusion of specific elements of social and emotional routines such as family roles and co-sleeping were indicative of family frameworks. The unique aspect to this orphanage is the integrated spiritual routines encouraged for the children.

5.3 INTEGRATING FAITH IN CARING FOR CHILDREN

A particular aspect to this orphanage is its association with the Christian faith. The orphanage was started by one couple, the director and co-director. When the couple first applied to start the orphanage through their government registered church the government refused to grant permission, stating that churches were not permitted to operate orphanages. Shortly after, the couple applied in their own name to start the orphanage and was granted permission. The orphanage and church remain two separate entities yet are intimately tied together through mutual leadership by the director and co-director who continue to pastor the government registered church.

Because of the unique, faith-based nature of the orphanage, it was imperative that provider's beliefs be examined to determine what influence those beliefs might have on the care provided to the children. Research has documented the distinct contribution spirituality plays in the lives of caregivers and children in child and youth care institutions (Scott & Magnuson, 2006) and families (Crawford, Wright & Masten, 2006). Particular findings have linked faith-based care with improved social and emotional functioning for children and youth who have experienced difficult life circumstances (Angell, Dennis & Dumain, 1998). Caregivers and

children who have experienced hardships often find strength and a sense of meaning to their pain in their faith (Crawford, Wright & Masten, 2006).

The purpose of the Spiritual Attributions coding category was to capture providers' beliefs as they related to the research question: How do providers integrate their faith in caring for the children? Because this question focused on provider's beliefs, all of the data analyzed for this section came from interviews and conversations. Initially, the intent was to determine the spiritual attributes providers assigned to God. The next step was determining how providers' spiritual attributions impacted their care of the children. It was hypothesized that providers in this study would attribute God as the source of their financial, spiritual and emotional support. Providers' belief that God is one's ultimate source of support would be transmitted to the children through modeling and direct statements.

Specific attributions emerged after reviewing the data multiple times for dominant themes. Categories, more so than codes were first assigned to clusters of similar beliefs. These categories were then linked to particular themes within spiritual development literature. Specific codes were then assigned based upon the language used in the greater body of literature. For example, the code Sacred Calling was attached to the cluster of statements including reference to God as the motivation for pursuing work with orphaned children based upon work by Davidson & Caddell (1994) and others. The result of this comparative process was four themes: God-My Helper, Meaning and Significance, Sacred Calling, and Group Belonging.

5.3.1 God-My Helper

The most frequently coded spiritual attribute was God-My Helper (59% of all Spiritual Attributions). God-My Helper was coded when providers made any statement or action

associated with belief that God is their and the children's helper or provider. Caregivers and directors expressed their dependence upon God for physical provisions of health and food. This was sometimes expressed in mealtime prayers led by an adult or through conversations held with me throughout the study. One statement by caregiver 1 and a few spiritual songs accounted for the less than 8% of codes in this area associated with caregivers. The co-director accounted for 65% of all God My Helper codes, with the director accounting for an additional 27%. The directors especially conveyed their dependence upon God for financial provisions. Often there was little or no money to buy medicine and good food, so the directors looked to God to provide for them and the children.

Little analysis needed to be done to realize that one major issue of concern to the co-director was the intense financial hardship. Many of our conversations resulted in her relating stories of financial hardship. This happened so often that my translator became suspicious and slightly put-off by the co-director in the first few days. My translator assumed that the co-director was making her financial hardships known to a wealthy American in hopes that I would give her money. The following statement by the co-director (CD) is one example of the financial struggles conveyed daily during my visit:

CD: One time three kids got sick with high fever and spend several days in hospital. One bottle of medicine is 20 RMB...We used to need 20,000 RMB each year to raise the kids. The price of rice has increased. The kids can eat two pots of dumplings. There are always school fees. There are hospital fees. Now it takes us 200,000 RMB.

I reassured my translator that I felt no compulsion to give any money. The stories of hardships continued throughout my stay, and each day the co-director felt more comfortable

telling a little more about what brought about the financial difficulties. The original problem occurred when a Christian foreign businessman pledged money to the directors to build a church and orphanage. The businessman promised half the money that was needed. The directors borrowed the remaining money, used to purchase the land upon which to build. After the land was purchased, the foreign business man was ejected from China and told never to come back again because no foreigner is permitted to preach in a Chinese church (the directors permitted the man to speak sometimes at church). When the businessman was ejected from China, so was his money. The directors were left with large loans from several different people (it is a common practice in China to borrow from friends or relatives and not from banks). However, each time the co-director conveyed financial hardships she would end the conversation with a statement about how God's ultimate provision would one day release the directors from this debt.

The providers also acknowledged God as their emotional helper in times of distress. Directors and caregivers expressed that they would not be able to do the job of caring for the children if it were not for the Lord's help. The co-director often conveyed how hard her life has been. She shared many of the hardships she and her husband (the director) have endured because of the church and orphanage. With a tight expression on her face and her voice lowered, the co-director (CD) expresses her trust that God will be her provider

CD: Whenever I faced the difficult times, I cried out to the Lord. If you can count how many tears I shed during those years, the numbers might be so many buckets full. There is nothing else to do but to pray to God sincerely, God you are my all, you can give me way in the sea and the wilderness.

The directors and caregivers transmitted this message to the children in various ways. The most obvious were the statements of God's provision during mealtime prayers with the children.

Another way was in individual prayers with the children. Caregivers and directors prayed for sick children and related stories of how children were prayed for and made well through God's healing. More subtle messages were conveyed in the financial decisions of providers. Financial assistance was accepted if given by other Christian believers because providers felt that God was helping the orphanage through one of the believers. However, one day a Buddhist monk came to the orphanage and promised food and money if the children and providers would worship at his temple. The providers refused the monk's help and told the monk that they worshiped Jesus, not Buddha and Jesus would provide all they needed.

5.3.2 Spiritual Motivations

The codes Sacred Calling (16%) and Meaning and Significance (14%) comprised most of the remaining Spiritual Attributions. Research has pointed to the unique contribution of religion in providing people with a sense of purpose and meaning to their lives (Pargament, Magyar-Russell, Murray-Swank, 2005). Often personal faith can provide the motivation to accomplish a task simply because the task has an eternal significance attached to it (Silberman, 2005). Additionally, the motivation can be found in the belief that one's work is sacred and set apart by God (Davidson & Caddell, 1994). Sacred Calling was coded for a provider's statement or action associated with the belief that working with the children in the orphanage is a calling by God. Meaning and Significance was coded for any statement or action associated with the belief that a relationship with God gives the provider a reason to work and live.

Each of the directors and caregivers expressed the belief that God wanted them to work in the orphanage. They recounted stories of personal hardships encountered because of their choice to live with the children. During one conversation with caregiver one, I discovered that

she has a 16-year-old son who lives with his grandmother. She began crying as I asked her how she felt about the choice to leave her son with her mother so that she could care for the orphaned children. She recognizes the pain this choice has caused her and her son, but believes that God has placed her in this orphanage to be a mother to those who have no mother. Additionally, the director (D) articulated how his growing knowledge about God prompted his calling to start the orphanage

D: When I was going to Bible school I had the idea to do charitable work. I heard of one boy who was an orphan and how he would walk the streets looking for trash to eat. I came to [town] looking for the boy... that was six years ago.

The providers, especially directors, were interested in making sure the children knew that the motivation for starting the orphanage was to show the love of God. The intent was for the providers to show God's love so that the children would grow up and teach others about Jesus. The director expressed his desire to see at least some of the children become pastors.

There was also a sense of meaning and significance to provider's lives when their work was placed in an eternal context. The providers recognized that the children need more than physical care. They stated that the government can feed children. The true significance of their work that differentiated them from government orphanages was the ability to offer the children a relationship with Jesus. For the directors particularly, introducing the children to Biblical principles was their top priority. The director believed that the children would develop their own faith as they witnessed the directors and caregivers living out their faith.

Despite his devout belief in the sacredness of his work, the director often struggled in his devotion to his country and his God. The following excerpt came from a conversation with the director (D) about his choice to base the orphanage on Biblical principles

D: I speak the truth. I love my country, my people. But in reality, government and communist, religion is totally contradicted to each other. Whether Christianity, Buddhism, or Taoism all controlled by government. If you do things beyond the government control, they will pressure you down. This is how I deal with this conflict. I put my faith on the top priority. I want to do things within the limitation of the governmental regulation. I want to do things not to violate the rules of government.

The director's statement showed the internal conflict many Chinese Christians must resolve; how much allegiance to give to country and how much to God. The director has managed to find a resolution in placing his faith as top priority while maintaining a secondary allegiance to his homeland even though this decision often leads him into conflict with government officials

5.3.3 Summary

The providers expressed many of the common themes found in spiritual attribution research (Pargament, Magyar-Russell, Murray-Swank, 2005; Silberman, 2005). Caregivers and directors found support and comfort from identifying with God as the ultimate provider of their physical, emotional, and spiritual needs. When children were ill or needed to perform well on a test, providers displayed their faith to the children by requesting God's help in the situation and believing that God would answer their prayer.

Additionally, providers associated their work with eternal significance. Each of the caregivers and directors conveyed that their work with the children was a calling by God. The director had quoted Bible verses stating God's desire for Christians to care for orphans and widows as their spiritual act of worship to God. The sacredness of their work gave the providers a sense of hope among difficult circumstances. The co-director shared that there would be no reason to endure such hardships if there were not some other greater purpose to their work.

6.0 DISCUSSION

The three main research questions driving this study examine the providers' behaviors and attitudes and how those might affect the care provided for the children's social and emotional development. This project assumed an ecocultural perspective, and therefore considered all aspects of the culture when attempting to understand the nature of caregiving in this orphanage. This included the impact of Christian beliefs in how care is provided. Care has been taken to consider the contributions of the dominant Chinese culture, local community, and specific context of this orphanage when interpreting the study's findings.

The goal of this study was to determine the nature of care provided in one faith-based orphanage. To date, scant research exists on the caregiving practices within government-run and private Chinese orphanages. This study is the first to examine how providers care for the social and emotional needs of the children in a private Chinese orphanage. The information gained from this study will contribute new information to professionals from the various fields of child development, spiritual development, and cross-cultural studies.

This chapter begins by highlighting significant findings from each of the four main themes: Caregiving Behavior, Dependency Paradigms, Daily Routines, and Spiritual Attributions. Findings from this study contain valuable information for research in each of these four areas. However, additional knowledge can be gained through combining the separate themes into a broadly informed statement about what care is like in this Chinese orphanage. Therefore,

highlighted findings from each of the four themes will be followed by how those specific findings relate to the broader context of Chinese family, institutional care, and spiritual development frameworks. Each theme and subsequent contextual links will be organized around answering the three research questions: What do providers believe is their role in meeting the children's social and emotional needs? How do providers' routines support children's social and emotional development? How do providers integrate their faith in caring for the children?

6.1 ROLES IN MEETING CHILDREN'S SOCIAL/EMOTIONAL NEEDS

Results indicate that Chinese parenting may not be universally authoritarian and interdependent as some researchers have suggested (Chen, Wu, Chen, Wang & Cen, 2001; Lam, 1997). When open coding categories (behaviors were not mutually exclusive of each other) permitted the identification of multiple approaches to caregiving, a combined authoritarian/authoritative nature became evident. This blended style has been identified previously in Chinese parenting literature (Chao, 1994) but has been the source of much debate from researchers who report that the traditional authoritarian classification accurately describes Chinese parenting (Chen, Wu, Chen, Wang & Cen, 2001). This may indicate that a more accurate means of coding Chinese parenting style is one that permits the coexistence of both authoritarian and authoritative behaviors. Additionally, the individual codes for authoritative behavior were selected from research on authoritative parenting in the Chinese culture (e.g. maternal support, child focused) rather than on traditional Western behaviors (e.g. inductive reasoning, use of praise) . More authoritative caregiving may have been observed in this study because of the culturally-based behaviors chosen to operationalize caregiving behavior.

Both caregivers and directors combined elements of adult-directed, didactic behavior with accepting and supportive actions and statements. The combination of clearly stated, appropriate expectations and warm, supportive caregiving has been repeatedly linked to healthy psychosocial development (Lim & Lim, 2003) and more positive peer relationships (Rubin, 1998). This manner of caregiving is also more indicative of family-like interactions than institutional care.

Additionally, providers' emphasis on dependent behavior appeared more family-like and matched literature from Chinese parenting (Chen, Rubin, Cen, Hastings, Chen, & Stewart, 1998). Traditionally, Chinese parents encourage their child's dependence at later ages than most Western cultures and dependent care tends to focus on the physical needs of the child (Rao, McHale & Pearson, 2003). Part of this dependence is to ensure the child's focus on educational pursuits. Most of the dependent care observed in this study was associated with physical care routines, supporting provider's desire to create a family-like atmosphere for the children.

The minimal amount of interdependent behavior in this study was an unexpected finding. Interdependent behavior is associated with traditional Chinese culture (Lam, 1997). However, interdependent behavior was encouraged least by both caregivers and directors in this study. It is possible that interdependent behavior was not as amenable to the orphanage's family-like environment as a true family setting with multiple generational interactions.

The more central issue inherent in the research question, *What do care providers believe is their role in meeting the kids' social and emotional needs*, is the assumption that caregivers believe they have a role in caring for children's social and emotional development. This assumption was based primarily upon my previous observations of caregiver behavior in private Chinese orphanages. Literature from Chinese parenting depicts the lack of emphasis parents

place on expressing emotion to children or encouraging emotional expression by children. However, Chinese parenting literature is not void of descriptions of emotional content in children's care (Chao et al, 1994). Research has shown the benefits of such care across cultures for children's psychosocial outcomes (Chang, Schwartz, Dodge & McBride-Chang, 2003; Eisenberg, Fabes, Schaller, Carlo, Miller, 1991). Chinese children have been shown to perform better in school (Chen, Chen & Noh, 2000), have more positive peer interactions (Chen, Rubin & Sun, 1992), and develop healthier attachments to caregivers (Chen, 2000) when supportive caregiving is provided. One significant aspect of supportive caregiving in the Chinese culture is the connection to healthy family relationships (Fuligni, Yip & Tseng, 2002).

6.1.1 Family Affiliation

In caring for the emotional needs of the children, the overwhelming consensus among all care providers was the establishment of a family-like environment. Providers were adamant about creating a home-like environment for the children, not an orphanage. Several statements were made during conversations about the desire caregivers and directors have to serve as mother and father figures for the children. When children needed the assistance of an adult, they referred to the female providers as Ma and the male director as PaPa or Father. The desire to provide a sense of family may be linked to the Chinese emphasis on familial lines and affiliation. To be without a family identity in many cultures is abnormal, but to be without family affiliation in China is to be shamed (Johnson, 1996). A common practice among Western families of European descent is to encourage individual identity. As children grow older in these cultures, they are viewed as individuals, independently operating with their own agenda (Neff, 2006). For traditional Chinese families, an individual's identity is found in their family's identity. One family member's shame

becomes the entire family line's shame, as much as one family member's success defines the family line. The emphasis on providing family identity is consistent with Chinese parenting literature and sociocultural depictions of the Collectivist/Interdependent nature of the Chinese family (Martin, 1990; Neff, 2006).

6.1.2 Creating Family through Defined Roles

Within each culture, frameworks exist for defining families and institutions. The unique aspect of this orphanage was the fusion of those frameworks. Research from Russian orphanages (Groark, Muhamedrahimov, Palmov, Nikiforova , McCall, 2003) and Western center-based childcare (NICHD, 2000) depict caregivers as professionals. Professional boundaries are established with the understanding that the surrogate caregivers are not parental figures (Eisikovits & Beker, 1983). However in this orphanage, adult providers eagerly assumed the role of a parent.

Each person living in the orphanage appeared to have a distinct role. The director and co-director functioned in a paternal role within the orphanage. The hierarchical nature of the Chinese family places the father as leader and decision-maker (Stewart, Rao, Bond, McBride-Chang, Fielding & Kennard, 1998). Neither was involved in the majority of direct daily care. However, both shared in establishing the expectations for caregivers and children and were the final authority on matters concerning the orphanage. The directors decided who was permitted to live at the orphanage, which caregivers would be selected for employment, and how discipline would be carried out. This may explain the significant number of Authoritarian codes assigned to the directors (50% of all Authoritarian coded units) despite the lower level of direct involvement. Also as the father-figure, the directors felt the responsibility to be providers for the family. The

co-director especially focused on the finances. She felt the responsibility to secure money for all of the physical and educational needs of the children. The director emphasized his role as the spiritual head of his home. He was not the person teaching the children, but expressed his duty to ensure that all of the children received instruction in Biblical ways and were provided with examples of Christian living by the caregivers.

The caregivers served in a maternal role at the orphanage. They were responsible for overseeing daily care and education of the children. Chinese mothers have primary responsibility for daily child management tasks (Chao, 1995). Caregivers were granted authority by the directors to carry out discipline, but directors had final discretion in any serious matter. Perhaps one of the most defining tasks as mother-figure was the desire caregivers expressed in providing the intimacy that children needed, but could only obtain by a mother. Emotional closeness within the mother-child relationship has been shown to have positive benefits for Chinese children (Chao, 2001). The two caregivers articulated many examples of intimacy achieved through co-sleeping. Co-sleeping is common in many cultures, including the Chinese culture (Chao, 1995). The manner in which these occurrences were described conveyed that co-sleeping was more than an economical or logistical choice. Caregivers repeatedly connected co-sleeping with meeting the child's need for a mother. Caregiver 1's story of how the use of her breast created a special mother-child bond with an emotionally distraught young girl was of great interest. The practice of co-sleeping was expanded to include the comforting and bonding that a mother's breast could bring to a child. While the practice appears to be common in this area of China, no literature was found describing this practice. Further study could be conducted to extend the literature on physical bonding and how co-sleeping and the use of a mother's breast contribute to the emotional development of Chinese children.

Children incurred a status similar to biological children of the caregivers and director. The concept of filial piety appeared to operate in this orphanage as would be expected in a traditional Chinese home (Hwang, 1999). Filial piety is a concept taken from Confucius philosophy that emphasizes devotion and reverence for family, especially for elders. Children deferred to adults in all circumstances. Not once did I observe a child question or challenge a caregiver. However, a hierarchical system was present even among children. Caregivers tended to encourage more independence in older children and less for younger children. The youngest children seemed to be viewed as more vulnerable by caregivers, which may account for the tendency for behaviors such as acceptance and support to be evident in reference to young children while child selected and initiated behaviors were more common among older children. The adult providers coupled higher academic expectations of older children with greater freedom to direct their own routines. There is some indication from literature that this pattern is typical of adolescents in general, not just this orphanage (Yau & Smetana, 1996). The differences in caregiver behavior and level of dependence across age also suggest that caregivers do adjust particular behaviors and expectations based upon the age of the child. The hierarchical relationships among adults and children contributed to the concept of filial piety in this orphanage and created a more nurturing and family like environment for meeting the children's social and emotional needs.

6.1.3 Cultural Contributions to Caregiver Roles

Cultural distinctives of filial piety and guan appeared to operate in the roles each provider assumed. Filial piety is the Confucian principle of honoring, respecting and showing deference to your elders. Providers were authority figures for children, and both children and providers were

seemingly content with their position. Having worked for many years with school-aged children and having two children of my own, I was amazed that none of the children ever questioned or complained when providers gave a direction. Children were respectful and deferred to all adults within the home.

Guan, when translated means to govern. It is typically attributed to teachers, but can refer to any adult who provides guidance to the child. In many ways, caregivers were surrogate mothers. However, their tendency to display more directive behaviors is consistent with the Chinese concept of guan. It is possible that didactic and adult directed behaviors of providers may be more culturally driven than a personal caregiving choice. This also may explain why these two behaviors were apparent even in how providers interacted with the children during spiritual routines, routines not usually associated with the dominant Chinese culture. Caregivers and directors appear to identify with the two traditional Chinese ideologies of filial piety and guan as a means of meeting the children's social and emotional needs through family affiliation and strict guidance

6.2 ROUTINES AS SUPPORT FOR SOCIAL/EMOTIONAL DEVELOPMENT

As a middle-class American mother, I work to encourage my children's healthy social/emotional development by mentoring my children through conversations about their feelings and interactions with others, engaging in joint activities, encouraging social activities outside the home, and expressing my love and affection for them verbally and through physical affection. Physical care and supporting educational plans, while important, is viewed as a separate function.

This is not the Chinese way, nor was it the manner in which children were cared for at this orphanage. Caregivers repeatedly expressed the number one priority in meeting the children's needs was to provide a good meal. The next two priorities were spiritual and educational development. These three priorities were also the three most frequently coded Daily Routines. Caring for a hurting child in this orphanage meant caring for their physical, educational, and spiritual needs. It is not that the caregivers were unaware of the emotional pain many of the children experienced because of abandonment or death of a parent. Caregivers acknowledged such emotions in several conversations. However, caregivers' response to the emotional pain was different than a typical Western response. The caregivers' response to a primary school girl's experience of great emotional turmoil over leaving her ill grandparents was to ensure the child feels that this home is her family. This child was reminded by the caregivers and directors that her grandparents could not feed her or pay for her education.

With a cursory analysis of the results from Daily Routines, one could conclude that basic social/emotional care is not emphasized in this orphanage. This would certainly be supported by previous research on institutional care. However, I do not believe that would be an accurate description of this orphanage. Discrete behaviors and statements were the coded units in this project. In observing routines within a family of nearly any culture, one would witness the necessary elements of daily life: eating, working, and educating. In this project, some of the Daily Routines observed displayed the elements found within a family. In other words, while the discrete behaviors themselves displayed physical, spiritual, and educational routines, collectively they formed the framework for a family unit. It is the stability, predictability, and cohesion of this family unit that provides the foundation for healthy socio-emotional development.

6.2.1 Co-Sleeping

While providing for children's physical, educational, and spiritual needs were the primary ways in which caregivers created a family environment, they were not the only ways. Children were not told 'I love you' and physical affection such as hugging or kissing a child was not observed. However, the practice of co-sleeping was discussed in many conversations and observed frequently during my stay. The youngest boy slept each night in caregiver 1's bed. An older female child was also observed sleeping in caregiver 2's bed for several nights. The only male participant in this study, the director, did not mention co-sleeping specifically. However, one evening the director encouraged my translator and me to sleep in bed with the girls so that we could be warmer (there was no electricity in the building that day). He also arranged the bedrooms in such a way as to facilitate co-sleeping among same-sex children and between caregivers and children. However, the scarcity of comments about co-sleeping by the director left me curious as to whether there is a gender difference in how co-sleeping is perceived. Boys and men participate in co-sleeping arrangements, but how co-sleeping is perceived may differ.

Female caregivers and Co-director each mentioned several times that they would take turns having children come to their bed. The female providers viewed this as a means of establishing a mother-child bond. Co-sleeping as described by the caregivers seemed to provide the intimate, non-sexual touch that the children needed. Co-sleeping was one routine that contributed to this orphanage establishing itself as a family, rather than an institution. It was a routine much more subtle than taking head counts of who needed money for school fee. Co-sleeping, while functioning in the background of Daily Routines, was an integral part of the emotional climate in this orphanage.

The intimacy that accompanies co-sleeping is one of the reasons I declined to sleep with the girls when asked by the director. Sharing a bed is an activity typically associated with close family or friends. Even my translator, a Chinese woman who grew up experiencing a multi-generational family bed during her childhood, was not comfortable with the request. Her lack of comfort with the request was not related to her comfort around the children. She was extremely fond of the children and would show physical affection by tussling hair, hugging, and playing with the children. To my translator, there was a boundary to remain in place in regards to co-sleeping. Her reluctance was not an Americanized reaction. She had never left her hometown until serving as my translator one year prior to this experience. Her lack of comfort with the request provided further evidence that co-sleeping, at least for women, is reserved for intimate relationships, not casual acquaintances.

Co-sleeping is common throughout China. Part of understanding how Chinese caregivers and parents encourage emotional development in children can be found in studying the practice of co-sleeping and the use of a woman's breast as methods of bonding and attachment. Co-sleeping may be how intimacy and emotional attachment is achieved and expressed in the Chinese culture. However, it is not clear how this difference from Western methods impacts the emotional development of the children, particularly children living in an orphanage.

6.2.2 Family Versus Institutional Routines

The routines described until now have largely been associated with a family framework. Compared to institutional care in other parts of the world, including the United States, this orphanage exhibits a high amount of family-associated routines. However, this family-oriented orphanage exhibits aspects of institutional care. Logistically, it is reasonable that much of daily

care provided by the caregivers would involve large-group physical care routines. Research in Russian orphanages report similar findings (The St. Petersburg-USA Research Team, 2005). It would be logistically impossible to have a Chinese family-style meal when two caregivers are responsible for preparing three meals each day for approximately 30 children and four adults. When cleaning duties, laundry, and medical/health care is added to this daily routine, little time remains for meeting specific social and emotional needs. Adult providers admit that there is no time during the day for 'one-on-one' interaction with the children. This makes co-sleeping all the more adaptive in this setting.

Routines are accomplished in two large groups, typically separated as primary school-age and high school-aged. Children eat when meals are scheduled, share the same clothes, and are expected to accomplish certain tasks much more independently than typical Chinese children. Across China you will see adults walking or riding their child to school. Caregivers have no time for this and children walk in small clusters to school each day. Children do not participate in social functions outside of the orphanage. All socialization occurs at school or in the orphanage. When I attended a Sunday church service, pastored by the director and co-director, I observed several families, grandmother with grandsons, mothers and daughters were present throughout the service. However, even as a Christian orphanage, children do not attend church with their 'family'. The government's rule forbids anyone except family members to take a child to a religious service. Since the government does not recognize the adult providers as family, the children are not legally permitted to attend church service.

6.3 INTEGRATING FAITH

In view of China's restrictions on religious teaching, with particular restrictions on instruction provided to children, I was quite interested in discovering how the Christian faith is incorporated into a faith-based orphanage. Carefully yet confidently are two words I would use to describe adult providers' use of Christian principles within the orphanage.

China's Religious Affairs Bureau (RAB) and its local officials are responsible for overseeing and regulating all religious activity in China. The director had meetings with local RAB officials throughout my stay. One official was present on the day I attended church service. The co-director expressed her relief that God provided me wisdom when I told my translator that I felt that we should leave before the service ended so as not to bring attention to myself. RAB officials do not like when foreigners are present at local Chinese churches and my presence at the service could have led to penalties to the directors and the church. The director would mention periodically how important it was for me not to share particular details of my stay with anyone for fear that the information would somehow be shared with his local RAB. The directors expressed the need for great caution to be taken. They did not fear for their own lives as much as they feared for the continuation of their work with the church and orphanage. If officials became too concerned about the religious nature of the orphanage, they might not permit the children to live there anymore.

This may explain why there was no formal religious instruction provided for the children. Formal religious instruction is forbidden. However, integrating Biblical principles into everyday life is much more difficult to restrict. The director and co-director were confident in their Sacred Calling to introduce the children to the Christian faith. For the directors, this could be accomplished by having caregivers integrate Christian teachings into everyday life events,

therefore bringing less criticism by RAB officials. Scott & Magnuson (2006) affirm that children's spiritual development is not dependent upon specific instruction or training to be meaningful.

Religious guidance often took the form of lessons on loving and forgiving one another after conflict arose between children. Children and adult providers modeled prayer to the children during meal times or special celebrations. Children's understanding of Christianity seemed focused on two areas; the attitudes or behaviors pleasing to God and the ability of God to be their source of strength and guidance. The latter paralleled adult providers' own dominant spiritual attribution of God as their helper. However, when I made a reference to David from the Bible, one older child did not know of whom I was referring. This was in contrast to my own experiences with American children's initial understanding of Christianity. Often times children are first introduced to traditional Bible stories and famous characters from the Bible (Noah and the Ark, Moses and the parting of the sea, David and Goliath) but have little understanding of how Biblical values should be integrated into their own lives. The integration of spiritual principles at the orphanage by the caregivers has led to a greater application of Christian principles despite the lack of specific Biblical knowledge. Directors expressed their desire for the caregivers to have strong faith so that caregivers could display that faith to the children in how they cared for them, displaying forgiveness, love, and self-discipline. Scott & Magnuson (2006) advocate integrated presentation of spiritual principles and further state that "spirituality that is being live by the staff and echoed in the life of the whole context can be held without comment or instruction until there is an invitation or exploration from the child" (p. 456). Although the integrated methods used in this study may be more the result of practicality, they nevertheless provide sound support for children's spiritual development.

The integration of Biblical standards in caregivers and children's behavior is particular to a Faith-based institution. However, how faith-based caregiving differs from care in a Chinese Social Welfare Institution (SWI) is unclear. To date, there is no scientific research documenting the type of caregiving provided at Chinese SWIs, only human-rights group reports and reports from adoptive parents who have visited their child's orphanage. Based on limited knowledge from these reports, care particular to faith-based orphanages tends to incorporate more family-oriented care and care for the child as a spiritual, emotional, physical, and psychological being than government SWIs.

6.4 LIMITATIONS

Comparisons and generalizations with any other institution are difficult because this project was a single case study of one faith-based orphanage in China. The uniqueness of the location and personal histories of the caregivers and children make direct comparisons to other Chinese orphanages unsuitable. Ideally, observations of several faith-based orphanages inside and outside of China would provide a more comprehensive portrayal of care at faith-based orphanages.

The observations and conversations at the orphanage were conducted approximately one week after the children and adults moved from three separate apartments to one unified building. Rather than observing well established routines as I had expected, I observed the formation of new routines within this newly unified orphanage environment. I also observed caregivers who were once functioning independently of each other attempt to negotiate roles of co-caregivers in the unified building. If I returned a few months later, I may have observed different routines and a different pattern of interaction among providers and between providers and children. Ideally,

routines examined according to Weisner (2002) should be established routines. A follow-up observation of the orphanage after several months would provide information as to typical daily routines in the established orphanage.

Additionally, the data and subsequent interpretations are presented from the viewpoint of the caregivers and directors. No data was collected on the children themselves. This greatly impacted the description of the type of dependency (adult provided and cooperative) and daily routines observed at the orphanage. My unit of analysis was the provider. Therefore all of the data collected reflected some aspect of caregiver involvement, which may have skewed the findings in favor of higher amounts of dependent behavior. Additionally, routines were coded when caregivers were in some way involved with the routine. The findings regarding daily routines are descriptions of provider-involved daily routines rather than overall daily routines for the entire orphanage. The only way to establish a comprehensive view of daily routines and dependency levels would be to include children as part of the study. This would be highly recommended for future studies.

The fact that this was a cross-cultural study implies particular limitations. My own personal biography as both a Christian insider and an American outsider influences the manner in which the data was collected and interpreted. I have my own biases in favor of the Christian faith which may have led me to look for positive elements of Christianity in the providers. The providers' knowledge of my Christianity most assuredly impacted the type and amount of spiritual data I collected, especially in the area of spiritual attributions. Providers would not have discussed intimate spiritual matters with a non-believer in the Christian faith. The spiritual content shared in interviews and conversations came about as the providers saw and heard about my own Christian faith, which may have impacted how they responded to my questions.

However, as an American, I am limited in my understanding of the specific cultural norms within the community and the struggles providers face in attempting to be loyal to their country while remaining true to their faith. Additionally, because of the sensitive nature of the data, all of the translators and transcribers were Christians. A non-Christian individual with academic knowledge of spiritual development may have provided a check on the accuracy of coding and interpretations.

Furthermore, a general limitation not uncommon in social science research is social desirability. I recorded events and conversations, not knowing if what I captured was typical behavior and beliefs or behavior and beliefs thought to be pleasing to a Western researcher. This may have particularly impacted the areas of caregiving behavior and child spiritual routines. Authoritative parenting behaviors are often viewed as the 'ideal' for Western society. The higher levels of authoritative behaviors may have come as a result of wanting to display more Westernized behaviors.

However, the most pronounced cultural limitation was the language barrier during data collection. My translator could restate the words in English and provide me with contextual information when needed. However, I felt limited in my ability to capture the subtle nuances of interactions. I am accustomed to looking for the subtle nuances while looking to capture the feel of caregiver language and behaviors in American childcare centers. I was not able to do this to the same extent because of the language barrier. I felt that this specifically hindered the analysis in the area of caregiving behavior. A possible solution to this problem would be to train a local Chinese individual to complete the observations and interviews. This may have led to different levels of specific behaviors such as acceptance, support, rejection, and hostility.

An additional limitation exists in the method chosen for this study. I was the sole researcher and the only person responsible for collecting data, analyzing data, and developing codes for the data. My own biases, as already mentioned may have impacted the data at all three points in the research process. A check of inter-rater reliability was conducted, but remains insufficient for complete confidence in unbiased data collection and reporting. A possible solution for future studies would be to train an individual to collect the data and collaborate with a group of researchers to develop the coding structure.

6.5 CONCLUSIONS

The integration of family roles and routines, spiritual values, and traditional Chinese parenting is specific to this orphanage. However, when the findings from this study are placed in the larger context of parenting and child development, several key conclusions take form. First, a combination of directed and responsive parenting is present in some Chinese caregiving as evidenced by the providers in this study. Second, providers' identities and choice of daily routines within a particular setting help define the nature of care in that setting. Roles and routines can support family-like frameworks, institutional frameworks, or a combination of the two. The combination of family-like and institutional frameworks was evident most often within this orphanage and appeared to create a healthy environment for the children. Third, spiritual attributions of God as a helper and source of meaning and significance act as an emotional support to providers as well as a vehicle for passing on spiritual principles and values to the

children. These spiritual supports continue to operate within a culture that is not supportive and at times hostile toward the spiritual beliefs held by providers.

These conclusions are based upon one visit to one private Chinese orphanage. Comparisons to Chinese government orphanages would allow for comparison of similar cultures but are difficult because SWIs are often much larger institutions, with some SWIs caring for 800 or more children. A number of cultural differences among children and parenting styles make direct comparisons with Western faith-based institutions inappropriate. Nevertheless, these conclusions have broader implications for research in institutional care, spiritual development, and parenting, and are explored in the following sections.

6.5.1 Implications for Institutional Frameworks

While only a single case study, this project fills a void in the literature in understanding the cultural aspects of caring for Chinese children in institutionalized environments. Right now China is in the process of transforming how care is provided to orphaned children. Much like Western initiatives, China is encouraging foster care as a means of providing a family-like atmosphere for the children. China is also looking to experts in Child Development for ways to improve the socio-emotional development of children in Social Welfare Institutions. The time to integrate new ideas is now since the Chinese Center for Adoption Affairs is currently looking to restructure the nature of care in the Social Welfare Institutions. China's thinking is much like Western thought, however, in that both cultures view institutional care and family care as two frameworks that cannot co-exist together. Given that the orphanage system in China is far from disappearing, it is reasonable for child care professionals to ascertain ways in which these institutional settings can integrate elements of family frameworks. The structure of the

orphanage in this study and The St. Petersburg-USA Research Team implies that the two frameworks can coexist. The group care setting still possessed elements of institutional care, but enough family-like routines and roles were established to provide the support and nurture that families in all cultures provide. The vital element to the success of this merger was found in the identities of the directors and caregivers. The typical identity of a caregiver in an institutional setting is one of employee or professional. Therefore, professional boundaries are established that make attempts at creating a family atmosphere unsuccessful. The identity of adult providers in this study was father, mother, or aunt. The family-linked identity made possible the successful creation of a family-like setting.

The idea of shared frameworks has been evident in group care of children in the American childcare community. Often parents choose family childcare programs because there is a blending of the professional and family member identities in the providers. Likewise, other parents may select larger, center-based childcare because there is a more definitive line between professional and family identities.

Child and youth residential institutions have a tenuous history of attempting to integrate family-like frameworks. Models such as the Teaching Parent (Levitt, Young & Pappenfort, 1981) or Therapeutic Parent (Shealy, 1996) defined child and youth care professionals as both a professional counselor and surrogate parent. The hope is to teach new interaction patterns with parental-like figures for mentally and behaviorally challenged youth and eventually teach these new ways of interacting to the child's biological parent. The most successful programs, however, tended to focus on the education and professional services offered by the house parent or direct care staff with minimal interactions of normal family life. Features of residential placements focused on staffing patterns and transition housing to simulate parent-child and sibling

relationships. Lack of success with family-like models in residential settings stemmed from the inability of these settings to provide the necessary nuclear family-like relationships for the child. This is the one element within this orphanage that appears to have been successfully implemented. Caregivers and directors appeared to have a true, meaningful family-like relationship with the children. When the translator and I teasingly asked the children if any of them wanted to come live with us, they all answered, no. They emphatically stated that they had a home and a mother and a father. They loved having many brothers and sisters. Further investigation of exactly how those relationships were built and maintained would be of great interest and benefit to the child and youth care field. My initial impression would be that relationships were successfully built because of the stability of the setting (children were not moved in and out of the home as with residential treatment and foster home settings), relative permanency of the providers, and unity of family-like roles and routines among all providers.

6.5.2 Implications for Spiritual Integration

Unfortunately, Chinese institutions do not openly permit the integration of any religious faith in child care at this time. The information gained from this study, while not likely to impact Chinese government institutions, do support recent efforts in Western child and youth programs. Secular institutions, including European and American institutions, have often been ‘sanitized’ from religion (Neuhaus, 1986; Davie, 2000). Recently, however, professionals in child development have recognized and advocated for the infusion of spiritual development in child and youth care programs (Scott & Magnuson, 2006). Advocates document the positive support children experience when exploration of their spiritual life is encouraged.

The findings from this study support previous research on faith's role in supporting caregivers (Anglin, 2002; McAdoo, 1995; Varon & Riley, 1999). The most significant impact of faith came through how caregivers felt supported and helped by God even when faced with difficult circumstances. This type of faith energized providers who transmitted this to the children as caregivers and children experienced hardships together. There appear to be clear benefits to caregivers and children when the spiritual components of human beings are not neglected. Rather than neglecting personal faith, directors and caregivers can utilize the strength and support that often accompanies strong faith. This can be especially valuable when working with children who have experienced difficult life circumstances (Frieson, 2000). Anglin (2002) states that a child's painful experiences are affirmed when those experiences are connected to a greater sense of spiritual meaning. Anglin further states that when children's pain and fear are affirmed by God, they have the ability to experience forgiveness and healing.

6.5.3 Implications for Chinese Parenting Style

To date, all research on Chinese parenting styles has been conducted on Chinese parents and their biological children, whether living in China or as immigrants to another country. This is the first study, to my knowledge, that attempts to analyze the parenting style of Chinese caregivers in an orphanage. This analysis was appropriate given the family-like setting that was established in the orphanage and the parental identities of the adult providers.

The results of this study indicate that strict Westernized parenting dimensions do not accurately portray the Chinese caregiver. While the general dimension of authoritarian parenting appears to describe the predominant tendencies of Chinese caregivers, it does not account for the variations in authoritarian style evident in this culture. The inclusion of various authoritative

practices is overlooked when caregivers or parents are categorized as either authoritarian or authoritative. Warmth as measured by parental involvement, and parental support and acceptance appear to be better measures of Chinese authoritative parenting than measures of inductive reasoning and verbal praise.

Further study needs to be conducted in order to determine ways of describing Chinese caregiving that are comparable to measures in other cultures. Compatible measures will allow for culturally appropriate measurement that is capable of comparison with multiple cultures. Of great interest is the understanding of how intimacy is established and how it supports emotional development of children. Co-sleeping and the use of the mother-figure's breast were ways in which caregivers created an intimate family-like environment in this study. This certainly does not fit with the concept of purely authoritarian parenting, yet this practice was described as a common occurrence among mothers in this area of China. Further study can determine if this is common throughout China or more common in rural, urban, or regional locations and what specifically this practice means to those who participate.

6.5.4 Implications for children's development

All of the implications discussed so far have been focused on the environment providers have created. The concern for family-frameworks, spiritual integration and caregiver behavior has all been examined in order to describe how children are being cared for in this orphanage. This leads then to the question: What does this mean for the children's development?

First, part of any child's identity is the family in which he belongs. Providers have settled this matter for the children in offering them the identity of being their child. This does not negate the impact of institutional aspects of care at the orphanage, but rather helps introduce some

'normalcy' to the home. This family versus professional identity of providers allows for more intimate relationships to develop. Intimate, healthy relationships is foundational to optimal child development for all children, but is especially beneficial to children in residential care (Radmilovic, 2005). Being a mother to the children is not just a label for the providers. The genuine concern for the welfare of the children and the concern children express toward the providers came out of a relationship, not a duty. The benefits of family-frameworks extends beyond the specific role of mother, father, sibling created in this setting. The children are provided with a sense of self in relation to others, something which has been shown in literature to support at-risk youth (Beardslee, 1989). This provides more than one's self-image. It provides a sense of belonging to a family, to a community, and to this world at large. Essentially, it justifies and validates their place in this world. Additionally, the children are provided with a secure base from which to develop. Ornstein (2002) emphasizes the importance of meaningful relationships for children and youth with issues of loss and abandonment. When children experienced hardships, such as bullying at school, their first response was to return home to tell the providers. There was a safety and comfort found in returning home and an expectation by the children that their current need would be met. Providers shared that older children, currently away at a training school or working, will return to the orphanage on holidays to live. This is further evidence that these children not only have a long-term relationship with the providers, but also appear to have an internal model that reassures them that they can rely on the providers as a secure base.

The relationship between providers and children was further enhanced by the positive parenting behaviors displayed by the caregivers and directors. Research points to the benefits of a more authoritative style of parenting for children's development that includes both directive

and responsive behaviors (Maccoby & Martin, 1983). The combination of adult directed expectations and warm, nurturing care created the optimal environment for children to develop. The stability and clear expectations established by the directors were enforced by the caregivers and followed-through with by the children. Children seemed to know the rules and expect consequences when rules were not followed. However providers were not unaware of the differing needs of the children but responded to them in a warm and nurturing manner. For instance, the providers knew that the move to a unified orphanage home would be a challenge to the children, so they relaxed some of their educational demands to ensure that the children had enough time to play or talk with each other and form relationships. The overall sense I gained was that providers were clearly in charge of children, but used that role as mentor and teacher rather than solely disciplinarian.

The last way in which children's development has been supported in this orphanage is through the integration of spiritual principles. Spiritual unity among providers provided a coherent and stable environment for the children. Children's development in traditional home environments flourishes when parents are unified in the care of the children. Consistent values, morals and beliefs were supported and esteemed within the setting, while being challenged in the mainstream culture which may have also enhanced the children's sense of family as they managed to maintain their religious beliefs in a communist culture. Arieli (1997) states that a unifying culture within residential institutions leads caregivers to perceive their role as more than just a job. In addition to providing stability for children, it is possible that the spiritual harmony and identification with the sacredness of their work led providers to more successfully implement family-frameworks within the orphanage. Furthermore, the integration of Christian principles appeared to support children directly through comfort and support and indirectly

through caregivers. Spiritual elements of forgiveness, affirmation of pain and struggles, and a renewed sense of purpose and potential were evident in the orphanage setting and can be a great source of strength and comfort to children who have experienced grief and loss. Providers encouraged the children to have their own spiritual connections while also providing the guidance the children would need in establishing those connections. In addition, providers found their own comfort during times of hardship. The overall sense I gained from conversations with providers was that the job of caring for the children would be too overwhelming for them without God's help. In essence, the providers could support children's development because they themselves felt supported by their faith in God.

6.6 REFLECTIONS AND NEXT STEPS

This dissertation project is the result of thousands of smaller steps taken throughout my life. I never would have imagined how coursework during my undergraduate days in the Special Education department at Clarion University of Pennsylvania could have led to my traveling to a Chinese orphanage 15 years later. As I reflect on those 15 years, I see the hand of God directing and guiding my experiences, each refining my knowledge and skills to prepare me for the work I am doing today. I identify with the caregivers and directors at the orphanage in how beautifully God uses even the 'messy' parts of our lives to strengthen and prepare us for His work.

This project is the first time I have been able to combine my spiritual and professional identities. The entire experience, from conceiving the project to collecting data to writing up analysis of results has laid the foundation for my future work in China. The open-investigational style permitted me to explore areas I would not have otherwise. It was a project that forced me to

remain open to unexpected findings and link these experiences with literature from various disciplines. The result was a paper that extends professional knowledge in their areas of child development, child care, spiritual development and identity, and cross-cultural research.

The lessons I have learned from this experience will help me and other researchers proceed with Chinese orphanage research. Future research can focus on understanding how orphanage providers create family relationships (not just family-frameworks) within their homes and exactly how this impacts children's social, emotional, physical, spiritual, and academic development. Additionally, elements of relationship building can be researched in Chinese government orphanages to determine how intimate relationships can be built within larger institutions.

My hope is that other researchers and I will utilize the information from this project in continued investigations into the culture of caregiving in orphanages throughout China. Specifically, future studies could utilize local Chinese people, with understanding of the language and culture, to more fully examine the role of caregivers in addition to examining the impact on children's developmental outcomes. Of particular interest to me is how this orphanage was successful in establishing and maintaining their family framework while combining the children into one orphanage institution.

I plan to share the information gained during this experience with the American who works closely with the orphanage. At the beginning of this study, he asked me to share any recommendations with him and he would pass them along to the orphanage directors. I intend to share the positive elements of family frameworks, caregiver behavior and spiritual integration I found. I also intend to make recommendations of how to potentially alleviate caregivers of some of the routine physical care (primarily meal preparation) responsibilities so that they are free to

participate more actively in activities such as conversations with children at meals, facilitation of social interactions among younger children, and assistance with homework.

My hope is also to utilize my newly gained knowledge and understanding of Chinese orphan care in assisting or evaluating the training currently being conducted in Chinese Social Welfare Institutions. My travels to China have created a great desire to continue work with orphans in China and have led me to initiate relationships with additional humanitarian organizations such as Half The Sky in hopes of expanding my knowledge and research experience in how to best care for Chinese orphans.

APPENDIX A

FINAL CODEBOOK WITH DEFINITIONS

Collectivist/Individualist

Code	Name	Description	Example
IND	Adult Directed Independence	Provider encourages children to complete task independently	Provider directs child to do homework-child gets school work and goes to study room to complete homework independently
DEP	Adult Provided	Any task that involves the child being dependent on provider to complete task/meet need	Caregiver purchases and distributes school supplies to the children
INT	Cooperative	Provider and child are working together---or where children are encouraged to work together to complete task (peers of own age group)	Providers and children help set out dishes and chopsticks for meals

Authoritarian Attitudes/Behaviors

Code	Name	Description	Example
ADF	Adult Directed	Any routine or statement that describes the provider making decisions for child(ren), giving instructions, explanations, commands....	Caregiver tells children to line up and prepare to learn motions to song
DIA	Didactic	Teaching a child a particular behavior, skill, belief directly (examples: telling a child how to throw a ball, teaching a child a scripture verse)	Caregiver tells child to sweep the corner of the floor in a particular way, then shows the child how to do it. Child sweeps floor
ANX	Anxious	Provider behavior that displays worry/concern over the children and concern that needs are not met. ANX-B sub-category coded when anxious statement or behavior is related to aspect of life being a burden or life including many hardships	Caregiver redirects child to stop playing near wall for fear that he may hurt himself.
REJ	Rejecting	Any statement or behavior showing displeasure for a child—could include ignoring child or physical or verbal distancing of caregiver from child	Director ignores child's bid for attention when child returns home from school
INN	Intrusive	Action taken where provider interrupts verbally or physically into child's space or intrudes, uninvited on child's activity.	Children organized themselves for practicing songs. Caregiver enters group and begins to redirect children's practice
HOS	Hostile	Verbal and Non-verbal behavior by provider such as yelling, screaming, pushing, grabbing toward or in front of child	Two providers arguing about the guests to be invited to a special dinner as children enter from school

Responsive Attitudes/Behaviors

Code	Name	Description	Example
CHD	Child Directed	Any routine or statement that describes children making decisions, leading other children, stating opinion or completing task without provider direct involvement.	Children organize themselves to play a game for basketball
IGR	Integrated	Provider's modeling or indirect teaching of a behavior or belief (example: caregiver prays for child who is sick--- not teaching about praying for sick people)	Providers pray for sick church member and children and providers give praise to God when he is feeling better the next day
ACC	Accepting	Statement or behavior by provider showing her acceptance of child, his behavior—could include physical proximity, smiling at child, responding to child's bid for attention	Director acknowledges child's upcoming birthday and gives a slight hug
SUP	Supportive	Any statement or action displaying support for child or his behavior, idea, ... This is one step more than just showing acceptance—it is supporting in an active way.	Youngest child likes to sleep with caregiver, caregiver allows child to sleep with her.

Type/Focus of Routine

Code	Name	Description	Example
CPH	Child Physical	<p>Provider statement or task associated with caring for child's physical needs (food, housing, clothing, medical/health)</p> <p>Sub-categories of CPH-F = Food CPH-M = Money and CPH-H = Health are coded as such</p>	<p>Meals Handing children money for school fees Taking child to hospital</p>
CEM	Child Emotional	Provider statement or task associated with caring for child's emotional needs	Consoling upset child after child's toy gun was broken
CEM-F	Child Emotional-Family	Any statement or action by provider regarding the biological family of a child or Statements that the orphanage and providers are the child's mother/father/family.	Encouraging children to call providers Ma and Father
CSO	Child Social	Provider statement or task associated with caring for child's social needs (friends, classmates)	Provider gets basketballs and badminton rackets out of shed for children to play
CED	Child Educational	<p>Provider statement or task associated with caring for child's academic or school needs.</p> <p>Sub-Category of CED-M coded when action or statement involves money related school routine such as caregiver giving children money for school fees.</p>	<p>Provider helps children organize school books in the morning</p> <p>Caregiver gives child money to pay school fee</p>
CHS	Child Spiritual	Any activity in which children are engaged in or in which provider instruct child relating to God, prayer, or moral standards based on Biblical principles	Director leads children in mealtime prayer

Spiritual Attributes

Code	Name	Description	Example
SPI	Spiritual	<p>General statement relating to their faith, church, God, prayer.... That does not fit into a specific category.</p> <p>SPI-G coded when government involvement is noted in any religious activity (positive or negative)</p>	<p>Caregiver lets the group know that she will be attending church services that night</p> <p>Director conveys visit with Religious Affairs Bureau official</p>
SMH	Spiritual-My helper	Statement or action associated with belief that God is provider's and children's helper	Director's acknowledgement that God's help is needed to pay off their large debt
SGB	Spiritual—Group Belonging	Statement or action associated with belief that God and/or church provide a sense or belonging to a family or group	Caregiver encourages church member to visit with the children to see the new home
SSC	Spiritual-Sacred Calling	Statement or action associated with belief that working with the children in the orphanage is a sacred calling by God and gives work meaning	Director statement that God called him to start the orphanage when he was in Bible school
SMS	Spiritual-Meaning and Significance	Statement or action associated with the belief that working at the orphanage gives her life meaning and/or eternal significance	Caregiver acknowledges sacrifice of her own family because of meaningful work with orphaned children

APPENDIX B

DATA COLLECTION TIME TABLE

Day	Interviews	Observations
Day 1: Friday	American host	
Day 2: Thursday	Only casual conversations occurred	*Arrival *Greetings *Introduction to study *Children arrive from school * *Evening meal preparation
Day 3: Saturday	Co-director (1 st) Caregiver 1(1 st)	*Meals- preparation/service *Free time *Children/Providers socializing *Homework/study *Bedtime routine *Times of discipline/correction
Day 4: Sunday	Caregiver 1- casual conversations Co-director	*Morning routine *Attended church with Co-director *Free play *Homework/study *Meals—breakfast, lunch, dinner *Times of discipline/correction
Day 5: Monday	Caregiver 1 (2 nd) Co-director (2 nd)	*Morning routine of weekday *Children leave for school *Homework/study *Free play *Meals—breakfast, lunch, dinner, snacks *Times of discipline/correction
Day 6: Tuesday	Director (1 st) short interview	See day 5

Day 7: Wednesday	Caregiver 2 (1 st) Caregiver 1 & Co- director—casual conversations	See day 5
Day 8: Thursday	Caregiver 2 (2 nd) Co-director & Caregiver 1- casual conversations	See day 5 Party in honor of my visit with children, providers, selected members of church, translator and me
Day 9: Friday	Director (2 nd) Co-director and Caregivers 1&2- casual conversations	See day 5
Day 10: Saturday	Casual conversations	Children's school routine Meal Preparation

APPENDIX C

CAREGIVER INTERVIEW OUTLINE

- I. The caregiver's role in meeting the social emotional needs of the children
 - a. Specific beliefs for children in her care
 - i. What made you decide to work at the orphanage?
 - ii. What would you say are the 3 most important things you do in the home?
 - iii. How would you describe your relationship with the younger children in the home (Ages 6-9)
 - iv. How do you think the younger children would describe you?
 - v. How would you describe your relationship with the older children in the home (Ages 10-17)
 - vi. How would the older children describe you?
 - b. General caregiver beliefs
 - i. Are children different from adults?
 - ii. How do young children ____ differently than adults? (think, act, behave, etc—use answer to (i.) to inform this question)
 - iii. How do older children ____ differently than adults (use answer from (i.) to inform this question)
 - iv. Do all children need the same things to grow up healthy?
 - v. What do the older children need so that can be successful adults (get a job, find a wife/husband, be a good parent, be a strong Christian man/woman)?
- II. Routines
 - a. Can you tell me a little about why you do ____ at:
 - i. Mealtime
 - ii. Bedtime
 - iii. Homework time
 - iv. While the children are attending school

- b. I noticed that you did ____ yesterday, but _____ today. Is there a usual way of doing _____?
- c. If this child were living with a family, would he be doing _____?
- d. If this were not a Christian orphanage—would the children be doing _____?
- e. Was today a normal day? If I came a month from now would I see you and the children doing the same thing?

III. Integration of Faith

a. Personal faith

- i. How did you first hear about God and Jesus?
- ii. How long have you been attending church?
- iii. How would you describe your church?
- iv. What does it mean to you to be a Christian?
- v. How have your traditional Chinese beliefs been supported by your faith?
- vi. How have they been different from each other? Can you give me an example of a time when they were different? What did you do?
- vii. What would someone who is not a Christian see about your life that is different from theirs?

b. Faith in caring for children

- i. How does your faith in Jesus affect how you care for the children?
- ii. Have any of your traditional Chinese beliefs about child-rearing changed since becoming a Christian—could you give me an example?
- iii. Can you share with me how you talk about Jesus or the Bible with the children?
- iv. What do you think about the role of prayer for the younger children... the older children?
- v. Please describe why you have the children pray _____ (in the morning, on your knees, etc.) _____
- vi. Are there stories or scriptures you learned from the Bible that you teach the children?
- vii. Can you share with me a time you have talked with the kids about how they can use what they hear in church or read in the Bible in their lives at home and school?
- viii. Have the children ever learned something at school that is the opposite of what they have learned from the Bible or church? Do they talk about this with you? What do you say?
- ix. Have the children ever asked you why they see some Christians behaving in ways that the Bible says are wrong?
- x. Are there some things you expect the older children to do that you don't expect the younger children to do (such as read the Bible, memorize scriptures, attend church)?
- xi. Are there some things you expect the younger children to do that you don't expect the older children to do (such as read the Bible, memorize scriptures, attend church)?
- xii. How do you think this orphanage would run if it were not a Christian orphanage?

APPENDIX D

DIRECTOR/CO-DIRECTOR INTERVIEW OUTLINE

- I. Roles within the orphanage
 - a. Can you tell me what a typical weekday is like for you?
 - b. Can you tell me what a typical weekend is like for you?
 - c. Are there specific duties you perform at the orphanage?
 - d. How do you balance operating the orphanage and running the church?
 - e. Are the two roles (church pastor/pastors wife with orphanage director/co-director) separate or do you see them as the same?
- II. Integrating Faith
 - a. Personal Faith
 - i. How did you first hear about God and Jesus?
 - ii. How would you describe your church?
 - iii. What does it mean to you to be a Christian?
 - iv. What would someone who is not a Christian see about your life that is different from theirs?
 - v. Can you tell me how and why you began the orphanage?
 - vi. How have your traditional Chinese beliefs been supported by your faith?
 - vii. How have they been different from each other? Can you give me an example of a time when they were different? What did you do?
 - b. Routines
 - i. Can you tell me a little about why the caregivers do _____?
 - ii. I noticed that you did ____ yesterday, but _____ today. Is there a usual way of doing _____?
 - iii. If this child were living with a family, would he be doing _____?
 - iv. Was today a normal day? If I came a month from now would I see you and the children doing the same thing?
 - c. Faith in role of director
 - i. What is most challenging about both operating an orphanage and running a church
 - ii. How much do you expect the children to attend church?

- iii. Do you ever have devotional or Bible study times with just the orphanage children/staff?
- iv. Have any of your traditional Chinese beliefs about child-rearing changed since becoming a Christian—could you give me an example?
 - v. What expectations do you have for the caregivers in encouraging the spiritual growth of the children?
 - vi. What do you expect spiritually from the children?
- vii. Have the children ever learned something at school that is the opposite of what they have learned from the Bible or church? Do they talk about this with you? What do you say?
- viii. Have the children ever asked you why they see some Christians behaving in ways that the Bible says are wrong?
- ix. Are there some things you expect the older children to do that you don't expect the younger children to do (such as read the Bible, memorize scriptures, attend church)?
 - x. Are there some things you expect the younger children to do that you don't expect the older children to do (such as read the Bible, memorize scriptures, attend church)?
- xi. How do you think this orphanage would run if it were not a Christian orphanage?

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