

Help-Seeking in Suffering

REFLECTION OF THE FIRST AUTHOR: ON THE EXPERIENCE OF MARGINALIZATION

After the field trip in July 2016, I planned to spend a six-month sabbatical in the States while attending conferences and wrapping up the data analysis of this study. However, I went through the crisis of losing my backpack and cash in Paris in August, and losing my travel documents and personal belonging in Vancouver in November due to burglary. This series of unfortunate events not only caused a lot of inconvenience in my life, but also disrupted my plan to rest. My subjective well-being and immune system plummeted very quickly and I sensed a loss of control in my life. I couldn't return to California to continue my exchange scholarship at my alma mater; instead, I was forced to return to my own home country to apply for a new passport. During this process, I felt acutely the pain of being a citizen from a third world country, as well as the power differential between skin colors. In the American embassy, I felt I was being interrogated and discriminated against as a "refugee," and could only "beg" for a chance to get my visa to re-enter the States, though I could provide all the valid and legitimate proofs of my status. The Chinese-looking officer in the consulate literally yelled at me when I was mistaken for another applicant from Vietnam. Meanwhile, the Caucasian-looking officer at the next window was speaking gently to all the applicants. Internalized racial

discrimination against people from the same ethnic background actually looks more brutal than when it is directed at “others.”

While going through this experience of marginalization, I was reminded of the Yi participants and their stories of suffering. Though I was actually traveling in the “tenth most desirable city in which to live” on earth, suffering caused by crime could still happen here. Some said it was the drug addicts that smashed the window of our car and stole my handbag inside. The police officer said this kind of crime had happened quite a lot in the past ten years, and Chinese tourists were easy targets as they always traveled with cash. Some said Vancouver had changed in the past ten years after an influx of illegal immigrants from all over the world. I was thinking that being labeled a “criminal and drug addict” was quite a familiar experience for our Yi people in China. Was it for the same reasons that they were being treated as “illegal immigrants” in the big cities? As we know, when Yi workers from Liangshan lost their “identification” and “support system” after leaving their *jia zhi*, they also became more vulnerable to peer pressures and power differentials. Not only did they face language barriers and culture shocks in the big cities, but they were not treated fairly by employers, and were sometimes misunderstood. When the feeling of frustration built up, without a proper channel to express their anger, the aggression might cause them to commit crimes or take drugs to regulate their emotions. This hypothetical theory became a vivid experience for me after I became a so-called “illegal immigrant” without my own travel documents.

Although I never got a chance to interview the burglar and thieves who stole my belongings, and knew nothing of their ethnicity and background, I did not feel resentful toward them. This was partly because, after I was robbed, I realized I might have become “one of them” if not for the fact that I was being helped and housed by my relatives in Paris and Vancouver. As a foreigner traveling in a foreign land, with everything that could prove my identity gone, and official power not on my side, survival instinct might have made me start “stealing” from innocent people with the justification that I was also “a victim.” Luckily I was well supported after the robbery. But what about the Yi people? After their ancestors’ lands were taken away in 1949, and their landlords were labeled as the “black five,” and their children were deprived of educational opportunity, had they thought, because society had mistreated them, that it was “only fair” they fight for their rights? Or had they been socialized to believe it was their fault for being “Yi,” a “lazy and evil” tribe? Were they truly as “ignorant

and violent” as the Han government thought? What had they done to seek help in the midst of their suffering?

I remember vaguely, one of my RAs telling me that a 16-year-old Yi male from Liangshan had sent a message to her cellphone reminding her to “beware of burglars” in Chengdu station, as he himself had been robbed there and cheated out of a few thousand RMB. As a young migrant worker, he was also a “victim” in mainstream society, but he cared enough to warn us. Many of our Han Chinese friends actually warned us about Yi people, due to the stereotype they saw in the public media. After getting to know them and making friends with them, I couldn’t help but feel badly for Yi people in China. Their drug and alcohol problems were being misinterpreted as “ethnic problem,” rather than “social” ones. As is the case all over the world, when terrorism and crimes happen, minority groups and refugees in the big cities always become scapegoats and are deprived of their freedom and dignity. Very often, mistrust from mainstream society is countered by mistrust from the marginalized groups.

We interviewed a mother in Meigu who told us that her husband had committed suicide because he felt “ashamed” of not being able to pay the fine for his extra-birth son. And there was another father with AIDS, who was worried his son would not get his *hukou* (identity registration) because he still had not paid off the extra-birth debt. Without *hukou*, the son couldn’t go to school and would in effect be an “illegal immigrant” in his own land. Another Yi mother insisted on having a third child because the first two children were girls, despite her husband having contracted AIDS. And there was a grandfather who had recently lost his son to AIDS, and found out his only grandson was also HIV positive. He and his wife decided he should take a second wife, so he could “breed” another healthy son, to pass down the “root” of the family. How can one say this is an ethnic minority that is “lazy and violent,” after witnessing their striving for familial and cultural dignity?

RELIGIOUS COPING VERSUS HELP-SEEKING BEHAVIOR

In the previous chapters, we’ve talked about how different Yi religious groups hold different worldviews and have different experiences of suffering. In this chapter, we will continue to explore the narratives of suffering to look at their help-seeking and problem-solving behaviors within their unique ecological niche. In addition to coping behavior, we are looking at both internal and external manipulations of resources in the environment,

including prayers and communal participation. Instead of “healing methods,” we will include those help-seeking methods that might not be so effective or adaptive in Western culture (e.g., keeping quiet and accepting fate), and try to interpret them from a Yi cultural standpoint. Without imposing our moral judgment as regards what is “helpful or not,” “good or bad,” “therapeutic or not,” we believe that different Yi religious groups capitalize on different beliefs and available resources in their environment to reduce the pain and suffering of themselves and their loved ones. Hence, in this chapter, we will focus on how traditional and modern resources in Yi communities are being utilized as part of the help-seeking process. Building on the psychological theory of coping, and sociological theory of social networking, we attempt to construct a model of help-seeking that takes into account cognitive, social, and spiritual dimensions.

In America, religion has been shown to have far-reaching ramifications for physical health, psychological well-being, health behaviors, and feelings of efficacy. The term “religious coping” has become prevalent within the discipline of psychology of religion over the past decade. Numerous scholars have demonstrated that one of the moderators in facilitating positive growth from suffering is a personal religiosity, including religious practice, religious belief, and involvement in a religious community (Stone et al. 1988; Ganzevoort 1998; Fabricatore et al. 2000; Nooney and Woodrum 2002). There have been many different coping methods explored in Western literature—active versus passive, problem-focused versus emotion-focused, positive versus negative, and cognitive behavioral versus interpersonal and spiritual (Harrison et al. 2001). Yet, all of these results are based on Western samples, which are predominantly Christian.

Kenneth Pargament, an American psychologist, conducted many empirical research on the religious coping styles and their psychological among Christians since the 1990s. Three dispositional styles of Christian coping were proposed by Pargament et al. (1988): (a) a self-directing style, described as a problem-solving approach in which the individual is active and God is primarily passive; (b) a deferring style, characterized as a stance in which a person passively waits for God to take care of everything; and (c) collaborative coping, wherein an individual works in active partnership with God to resolve problems. Some scholars also identified “surrender,” an active choice to relinquish one’s will to God’s rule, as another distinctive style of coping among Christians (Wong-McDonald and Gorsuch 2000). Later on, Pargament et al. (2000) identified 17 types

of religious coping methods and grouped them into five categories—finding meaning, gaining control, attaining comfort and closeness to God, gaining intimacy with others and closeness to God, and achieving a life transformation. However, all of these coping styles are using “God,” the deity figure, as a reference point. So, what if a religion does not emphasize a “relationship with God” or “unity with the spiritual presence or the universe”?

Therefore, in cross-cultural psychology, scholars have demonstrated that religious coping presents differently across different religious groups and cultures (Putman et al. 2011; Ting and Ng 2012; Abu Raiya et al. 2008), and even resilience after disaster was linked to cultural and religious factors (Fernando 2012). All these literatures point to a clear conclusion—different religious groups employ different sets of coping behaviors. However, past research focuses almost exclusively on the mainstream religions of the world, including Christianity, Hinduism, Judaism, and Islam, while the other indigenous faiths of ethnic minorities have been largely neglected. Especially in Mainland China nowadays, religion is still a taboo subject for many local psychologists. Most of the Chinese researchers still analyze religious behaviors from the point of view of Marxist economic theory or Freudian psychoanalytic theory. The significance of religion has been downplayed as there is an unspoken fear of associating it with “superstitions” (*mi xin*) and “cults.” The research on religious coping has not been systematically carried out in China, as its underlying assumptions that religion is important (or even valuable) to humankind would contradict the national socialist-atheist ethos. Hence, it is imperative to examine the role of religion in Chinese daily life, especially as relating to those ethnic minorities living within a strong religious tradition.

The first author also conducted a qualitative interview with ten persecuted Chinese Christian leaders who lived through the Cultural Revolution, and found they had adopted an internal set of religious coping mechanisms—embracing suffering as part of their identification with Jesus (Ting and Watson 2007). The virtue of endurance has been seen as a positive way of coping in these studies of Chinese Christians. However, we are not sure whether the concept of “religious coping” can be generalized across cultures, especially to a minority group that is underserved and understudied. Sometimes the coping might not be an individual endeavor, but a communal response to a disaster. Also, the assumption of “redemption” and “transcendence” is unique to the Christian faith, whereas native

religion and a spiritual tradition like Bimo might seek “harmony” with the ancestral ghosts or nature spirits as a way of healing. Hence, in order to avoid imposing the Western value of “individual coping” on Yi minority groups, our study includes the sociological and cultural aspects of help-seeking behaviors, and the problem-solving approach toward suffering.

RELIGIOUS COMMUNITIES IN THE YI ETHNIC GROUP

As we pointed out in Chap. 1, the Yi ethnic minority belongs to a collectivistic cultural system. In this chapter we want to further inquire about the kinds of social networks the two Yi religious communities rely on in times of difficulty. Would they go to family members or the religious community for relief? Would they seek secular help or religious help in time of difficulty? Although both Yi communities are very much family-based, the Yi-Bimo group has a long history of foregrounding the importance of the “*jia zhi*” (family clan) and “family name,” resulting in clear boundaries with regard to outsiders. It would therefore be much harder for them to seek help beyond their clan. In contrast, the Christian tradition emphasizes the “body of Christ,” which incorporates non-kin members into the “family,” and seeks “communion” with other church members. It seems likely that Yi-Christians would hold similar beliefs and have a greater openness to people not connected to them by blood ties, and draw their social resources accordingly.

According to Granovetter (1973), strong-ties refers to social networking based on kinship, and weak-ties on a community of strangers who are related by some form of membership (of a church, etc.) rather than by blood. Informed by this useful distinction in social networking, we were interested in finding out how the novel elements of Christianity (such as relative openness to strangers) fared in the Yi-Christian community, and whether these uniquely Christian elements were applied by the local population in dealing with suffering. What were the similar and contrasting religious behaviors in the aforementioned Yi religious communities when they experienced suffering? Would Yi-Christians rely more on a weak-ties approach than Yi-Bimo when seeking help?

All six Yi-Christians interviewed for the pilot study utilized a problem-solving style in times of suffering, especially medical illness. They would actively seek medical advice and intervention when they or their family members were sick, and actively seek financial help in times of financial difficulty. Many of them quit school at a young age due to poverty and

family hardship, but they did not give up trying to advance themselves, working hard in an urban setting. They would also utilize prayer and endurance when facing hardship. In comparison with their Western counterparts, who often exhibit a sense of entitlement and blamed God for their suffering, Yi-Christians did not expect God to improve their living standards, or expect Him to come and “fix” their problems. Our Yi-Bimo interviewees also utilized personal endurance and made compromises (e.g., quitting school) in response to poverty. All five of them had sought help from Bimo priests to perform religious rituals in times of difficulty. They also sought help from close family members and friends to reduce the financial burden, as did Yi-Christians.

In general, Chinese society favors strong-ties, while Western society embraces weak-ties (Sundararajan, 2015). Our research seeks to further differentiate the Yi Chinese communities along the strong-ties versus weak-ties continuum, and to see if a so-called “imported Western religion” changes responses to suffering, even among ethnic minorities. Thus, instead of adopting the set of coping methods found in Pargament’s research (2000), which are mainly based on Christian samples from the West, we chose to look primarily at the difference among Yi people in their ways of help-seeking.

NARRATIVES OF SUFFERING OF YI-BIMO

Story of YX (Narrated by Xiaoyu)

An apple tree stood in front of the entrance to the home of YX, and after ascending a few steps, we entered a small open-air courtyard. Clothing was hung up to dry, and in one corner the traces of poultry were visible. The first room connected to the courtyard was utilized as a living space. Compared with the Yi ethnic homes we had visited previously, where the connecting rooms functioned to receive guests, as sleeping quarters, and to prepare meals, the layout of YX’s home was different. They had already partitioned off the bedroom and placed the kitchen off to the side of the courtyard. The house, being built of cement, seemed simple and crude but was still rather tidy. YX sat facing the interviewer and spoke at a rapid pace when explaining the affairs of her family. She seemed nervous, and the interpreter had to wait for her to finish long paragraphs before linking together what had been said. During the first five minutes of the interview, she rarely made eye contact. Perhaps we were still not familiar with each other; or, she was still quite nervous. However, in part due to the

interpreter's participation, the distance between the two parties gradually lessened.

YX was alone at the time of the interview, as she is a widow with three children. Her eldest daughter lived at a famous county boarding school for ethnic students and only occasionally returned home during longer holidays as the cost of transportation was 80 RMB. The younger daughter and son attended elementary school and kindergarten, respectively, returning in the afternoons. According to YX, her husband passed away from leukemia in November of 2015. Up until two years before his passing, he had worked as a construction worker in Beijing, and her family lived well. But then her husband started to suffer from frequent nosebleeds. At first they told themselves, "We Yi [ethnic minority] simply don't worry about nosebleeds." However, after a health check-up in Beijing, he was diagnosed with leukemia. She suggested to him, "Let's sell our land and move to Beijing since their medical facilities are better." He refused, however, saying that leukemia was difficult to treat, and if they sold off their land, their children would have nothing to eat and live in dire poverty. She told us, "At first we thought we had a problem with ghosts and performed some *mi xin* [rituals]. But it didn't help. After seeing the doctor, we knew it was leukemia, but we didn't have money for treatment. My husband said he would find work to pay for the treatment, but the disease was already worsening."

When we asked how the Bimo priest explained her husband's illness, she replied, "The Bimo priest said his relatives [those who had passed away] were bothering him... The priest was speaking carelessly, just irresponsibly. The doctor ended up being right." She continued, "The Bimo priest said the ritual would help him, but it didn't. The doctor said things would not improve, so we simply did what wasn't going to work [by going to the hospital]." However, the treatment in the hospital did not last long. YX first took her husband (YQ) to the Second Hospital in Xichang, but they were unable to treat him and sent him to the First Hospital. Doctors at the First Hospital said something similar and sent her husband to ChangAn Hospital. The hospital rooms were tightly packed, and they were forced to spend the first night in a hotel. Fortunately, a friend who was receiving his monthly shots was able to offer his bed to YQ. After four nights at the hospital, his stomach began to swell. The doctor said a single blood transfusion would cost 3000 RMB. "We were hopeless and couldn't do anything. Our only option was to sell our land for 50,000 RMB [to pay for treatment]," YX told us. Her husband felt better after six days of hos-

pitalization. But soon afterwards, 20 days after being discharged, he passed away.

Whenever she thought of her children, YX became anxious. Before his death, YQ had been able to work for some wages, but they had now sold off their land. Her children still had living expenses, tuition, and other various costs to attend to. Her son began to show symptoms of what the Yi call *niganbo*—an irritated forehead and inflamed corners of the mouth—soon after the passing of her husband. Fortunately, YX’s brother got some income from migrant work, and was able to bring her son to Chengdu and Guangzhou for treatment. During our second visit to the home of YX, we could still see the black scar on her son’s chin.

YX was worried about the situation regarding her children to the point of not sleeping well. “Those families that have a husband can earn from 100 to 200 RMB every day. I just wish I could work as well, clothe my children, have food to eat and obtain everything we want to get. We survive but can’t improve our lives in any way, so my heart still feels quite bad for them.” Regarding her children’s education, she added, “We are not like the Han [ethnic minority], as when Yi children reach the age of 13 or 14, they will go out and work just to survive. But if they quit school and work, these children will become ‘mute’ [illiterate]. Right now we are already ‘mute.’ If they quit school now, they won’t learn anything, but only how to work as a laborer. Because I am a ‘mute,’ I want my children to study, but there are too many obstacles for them to continue. For example, a relative of mine just passed away so we have to give *erpu* [funeral money]. Also, we need to pay health insurance and senior insurance. However, there is no one at home able to earn a wage and, at the same time, we have too many expenses we need to attend to.”

We were able to find financial aid for the elder daughter in March of 2016. YX, with the help of her second daughter, who was acting as translator, expressed her happiness and gratitude. She mentioned her elder daughter could now return home any time she wanted, without worrying about the transportation fee. Despite being only a second grader, her second daughter’s grades were remarkable and she had won a 300 RMB scholarship. We were occasionally able to talk with the elder daughter when she returned home, and the majority of our conversations were regarding her studies. She mentioned, for example, that it was rather strenuous at the beginning of the semester due to language barrier. When the interviews first started, YX had participated by merely answering our questions, but now she was actively inquiring, via her daughter’s transla-

tion, about the progress of our work, our own health, or when we would return to Meigu.

When we visited her again in July 2016, YX's status had improved significantly. After undergoing a gynecological procedure, her doctor had suggested she rest. She limited the amount of farm work she did and primarily attended to household chores. At that time, the elder sister had yet to arrive home for summer vacation, so we met with YX, her second daughter, and her son for the better part of a day. Once again, through the help of translation, she remarked, "If you could speak Yi, I would have so many things to talk about with you." While conversing, she walked over to the apple tree in front of the entrance to pick apples for us as a gift (Fig. 4.1).



Fig. 4.1 YX smiling at us during our second visit in summertime

During our follow-up phone call in August, YX said they were participating in a relative's funeral. When asked who was helping them at home, she replied that her children's uncle (on her side) had helped substantially and the remaining tasks were quite minimal. She continued to worry over the future studies of her children. The elder daughter would progress to junior high school, and the tuition would certainly increase. She shared her disappointment that her youngest son was unable to attend the county's school for orphans—these children were eligible to attend school at no cost. The reasoning was that, at the time of registration for the school for orphans, her son's *hukou* registration had shown his age as a year younger than his real age. The school wouldn't admit the son because of the mistaken birthdate. In order to receive the benefits provided by the county policy, they would have to wait until the following year.

When we called her again in October 2016, YX told us that she had been suffering from headaches recently. Therefore, she had bought a goat for a Bimo healing ritual, and afterwards the headaches got much better. In addition, her elder daughter also called and invited us to celebrate Yi New Year with them in November. Her own studies were proceeding smoothly and she was able to tutor her younger brother in basic Chinese alphabet pronunciation.

Story of HZ (Narrated by LYS)

In 2015, HZ turned 19 years old. He was the second child among three boys. His father was deaf and his mother was often ill. Both of them were unable to work. HZ was the only means of financial support for the family. When he was in second grade, he quit school and started working in the city in order to finance his other brothers' education. He is the only *Nuosu* youth in Meigu I have come across who actually migrated and worked by himself.

Our local informant was the school classmate of HZ's brother. She told us HZ was the most responsible brother in his family. She brought us to his home in a village on the outskirts of Meigu. As there was no one to take care of HZ's sick mother, he quit his job at an electronics company in Guang Zhou and returned home to take care of his mother in September 2015. That was how we came to meet him. He kept a distance during our first encounter, but warmly shared the fresh walnut from the garden with us. After a while, he gradually lowered his guard and started to talk about his experiences and stories:

My parents are too old to work. They also need to be taken care of because they are sick. That's why I am here. At this moment, I do not know what's next—stay home and do some farm work, or find a job in town? If I come back to take care of my parents, I can't work. I need to borrow money to pay off the school tuition of my brothers... Whenever I think of all these, I get real bad headache... When I worked in Guang Zhou, the factory paid me 10 RMB per hour. There was no salary even if we worked overtime at the weekend. I needed to give 2500 RMB for my brothers every month as school fees and living expenses. I only allow myself to spend 500 RMB every month. If my brothers needed more, I could not do much. I could only give them 2500 RMB even if they called to ask for more.

HZ spoke Mandarin fluently. The talking pace was slow but with good articulation. He gave helpless smiles from time to time. Normally, *Nuosu* Yi from this place would form groups of migrant workers with other villagers, or be introduced to certain jobs by relatives and friends. HZ was the only participant who went out hunting for a job by himself. Eventually we learned his reasons in a phone conversation in February 2016:

I left home as a migrant worker when I was 14 years old. Even though I was afraid, I chose to be on my own. In our village, my neighbors and their childhood mates all got sick because of drug addiction. When they went out to work together, they got into drug addiction together. Their families had money, so even though they had this bad habit, there was not much of consequence to worry about. In my case, I can't afford the risk. I need to support my brothers' education; my parents are aging and poor. Everyone is waiting for me to get a job.

November is usually the Yi New Year. According to their tradition, Yi people return home to celebrate it with their families. After the New Year, young people leave home and continue their jobs in the city. Yi people in Meigu believe that the Bimo's ceremony protects the health and safety of the whole family. Each year, HZ must participate in the communal "blessing ritual" (*bao ping an*) in the village with his family before he leaves to work again.

Ever since he can remember, this annual "blessing" ritual has been an essential rite for HZ's family, as Bimo ritual and Yi ethnic minority identification are inseparable. Bimo religion is made up of the native beliefs HZ and his brothers' generation have inherited through the family lineage. This constitutes his spirituality and also represents his wish for well-

being for himself and his family. He said, “In two days I am leaving to work. On the 25th, we already asked the Bimo to perform *mi xin* [ritual], regarding my mother’s health. We waited for my brothers returning home [from school] and do *mi xin* [ritual] together... It is impossible not to do *mi xin* [ritual]. We, as Yi people, must perform *mi xin* [ritual], to secure the health of our family. Every family here performs *mi xin* [ritual].”

In December 2015, HZ transferred from Si Chuan to Jiang Xi province and worked on a construction site. He told us, “One of my friends also stayed here, the food and accommodation were being covered. However, it was cold here. I had worked at the site more than 20 days. This project is ending and I will go back on 20th January.” Later it snowed heavily in Jiang Xi, and finally, due to fatigue and coldness, HZ fell ill. He did not recover after taking medicines for about a week. He returned home to Liangshan and asked the Bimo to perform the healing ritual for him.

Within this past year, HZ had worked as a construction worker, electronic gadgets factory worker, and a few other jobs. Because of the unexpected changes in work environment (such as unpaid wages, shortage of working days, being sick, factory closing down), he did not have a stable job. Also, his ethnic Yi identity had caused him some confusion. One time, he said, when he was searching for a job on internet, he read there were people who actually disliked Yi people and would not employ them. He also told me he had often been rejected at job interviews when his potential employers saw his name written in four Chinese characters, and discovered his Yi ethnicity from his identity card. When we asked him what he made of this, he said, “It’s okay. In the past when I came to a new place, I did not have friends. Gradually I started to know more people. Even though I am Yi, they learned that I am actually a nice guy. Then they started to make friends with me.” Later, HZ told me he used to have a stable job (Fig. 4.2). “The owner was from Hong Kong. It was a toy factory. The owner was very nice and did not discriminate against Yi people. However, the factory was shut down and the owner was not able to offer us another job.”

When reflecting on the various obstacles he had encountered doing migrant work, HZ said they had arisen because “I do not have any talent, no proper education, I cannot read.” He therefore asked our RA to teach him some Chinese characters. After work, he used the time in the dormitory to read news in order to improve his word recognition.

In July 2016, we visited HZ in Meigu. HZ told me his childhood dream was to become a soldier. “This year I am 20 years old, I cannot



Fig. 4.2 HZ on his construction site

enter the military if I am over 21. Also, my elder brother has graduated. I need to seize the chance.” However, he worried he would not be qualified as there was corruption in Liangshan. There were many rich people who used money to buy the soldier quota. HZ finally came to a decision: “Anyway, I should just go for it so there is no regret in future.” Therefore, he quit his job to wait for a physical check-up and examination at home. He told me he had used his precious savings to buy a fake certificate from some high school, which cost him 3000 RMB. Only with the certificate of graduation would he be qualified to register for military service. We bought a cellphone as a present for him. In the phone was the video made by us of our interview with him. While he was watching the video, he covered his face twice, the tears dropping between the fingers. We teased him that we had never seen him cry, even though he had faced so many difficulties in the past. He said he was actually moved to tears.

Even after he registered for the exam, HZ still worried whether he would pass the physical check-up because he used to skip meals as a migrant worker and had gastric problems. In August 2016, he got the result of the physical check-up. Unfortunately, he had not qualified. He spoke with a tone of disappointment: “The doctor said my heart was not well, but I knew my result from the first physical examination was fine. I know those people want bribery from me, but I could not afford it. The successful candidates were those from well-off families. They took away the quota of others. I blame myself for not being capable, so the chance was taken by others. Now I cannot do the things I always wanted to. Anyway, this is how it is. I can only try my best... As a man, I need to have courage in difficult times. Without courage, nothing is possible. With courage, everything is possible.” Eventually, HZ went to Shanghai to find work again.

A FOCUS GROUP STUDY WITH BIMO PRIESTS

As discussed in Chap. 3, we did a focus group with Bimo priests to inquire about their views on sufferings, but many of them told us how to “cure” the problems using different Bimo rituals. There was also a book published locally in Yi script regarding the procedures by which different rituals dealt with certain problems (e.g., sickness, family conflicts, weddings, funerals). In the group, they also showed us the hand-written scroll of scriptures they would cite on different occasions. In terms of help-seeking behaviors, aside from the Bimo priests, who are predominantly male, Yi people in the Meigu area would also seek help from Suni (a female witch) to solve their problems if they thought there was a supernatural reason for their suffering. In the group discussion, the Bimo priests acknowledged that not all problems could be fixed by them, because some illnesses are not caused by ghosts. They do not oppose the alternative of seeking help from Western medicine if their clients choose to do that. However, they believe that “some of the illnesses are not able to be treated by the doctors,” as there had been cases in the past when Bimo priests had successfully treated patients who had dropped out of hospital. They view the relationship between modern medicine and traditional religious rituals as complementing each other. Another topic of discussion in the focus group was the treatment for drug addiction and HIV. Bimo priests said they did have religious rituals for drug addicts, but not AIDS, because the latter problem came from the “outside world.” Their traditional scriptures did not document

problems with AIDS, hence they concluded it was a modern problem brought back by the returning Yi migrant workers. The group became silent when we inquired about their ways of helping HIV patients. Then a Bimo priest told us that they could function as “supervisors” in the drug rehabilitation process. He said, “We would kill a chicken, and give the blood of the chicken to him [the drug addict] to drink. This is to warn him, if he continues to take the drug, he will end up like this chicken. And we would reinforce this message by getting the whole family to watch him in this drug rehabilitation process.” In conclusion, “family” and “rituals” are two inseparable methods of help for the Yi-Bimo community.

THEMATIC ANALYSIS OF TRANSCRIPTS OF YI-BIMO INTERVIEWS

Through thematic coding of the semi-structured interview transcripts (see Chap. 1), we consolidated 11 themes relating to various aspects of the problem-solving and help-seeking approaches (see Table 4.1).

Theme 1: Seek Medical Help

All 24 participants in our Yi-Bimo group had experience of seeking help from modern medical facilities and treatment, either for themselves or their family. Two of them had also sought help from a traditional herbalist in the local community. This is consistent with their worldview that most sufferings come down to physical or medical reasons (Chap. 3). Usually, the treatment ranges from outpatient clinics to hospitalizations. As we have read in the story of YX, she resorted to medical help after her husband was diagnosed with leukemia and after the Bimo failed to cure him. In the story of HZ, he also went to a doctor for help when he was a migrant worker, even though he would rather have gone back to seek the Bimo ritual with his family. This dominant theme refutes the stereotype and myth prevalent in mainstream society that “Yi people are superstitious, uncivil, backward, reluctant to seek medical and scientific help.”

Yet, when our interviewers brought up the subject of medical help, the response, for the most part, was helplessness. In fact, many of them had had a negative experience with modern medical institutions. When they talked about it, the discourse usually centered around “medical

Table 4.1 Themes from the help-seeking behaviors of Yi-Bimo participants ($n = 24$)

<i>Themes</i>	<i>Frequency (%)</i>
Seek medical help	24 (100)
Western medicine	24 (100)
Chinese medicine	2 (8.33)
Seek help from religious figures (Bimo/Suni)	22 (91.67)
Advice from Bimo	1 (4.17)
Perform rituals	22 (91.67)
Fortune-telling	2 (8.33)
Exorcism ritual	2 (8.33)
Support from family and friends	15 (62.5)
Providing transportation	1 (4.17)
Monetary support	9 (37.5)
Material support	4 (16.67)
Companionship	1 (4.17)
Labor support	3 (12.5)
Daily care	2 (8.33)
Emotional support	2 (8.33)
Disciplinary	1 (4.17)
Seek social welfare	12 (50)
Medical claims	7 (29.17)
Schooling welfare	2 (8.33)
Senior subsidy	1 (4.17)
Housing subsidy	1 (4.17)
Disability subsidy	1 (4.17)
Low-income security	2 (8.33)
Rural construction	1 (4.17)
Individual perseverance	10 (41.67)
Conscientious	1 (4.17)
Hardworking	1 (4.17)
Self-reliance	8 (33.33)
Financial management and saving	2 (8.33)
Support from the neighborhood and community	8 (33.33)
Material support	3 (12.5)
Labor support	2 (8.33)
Seeking medical help	2 (8.33)
Monetary support	4 (16.67)
Emotional support	1 (4.17)
Self-care	7 (29.17)
Exercises	1 (4.17)
Rest	6 (25)
Physical adjustment	1 (4.17)
Migrant work	5 (20.83)

(continued)

Table 4.1 (continued)

<i>Themes</i>	<i>Frequency (%)</i>
Daughter	1 (4.17)
Self	3 (12.5)
Husband	1 (4.17)
Drug dependence	3 (12.5)
Smoking	1 (4.17)
Drugs	1 (4.17)
Alcoholism	1 (4.17)
Seek external support	2 (8.33)
Donation from workplace	1 (4.17)
Loan from workplace	1 (4.17)
Fight with the workplace for housing	1 (4.17)
Claim insurance reimbursement	1 (4.17)
Loan from bank	1 (4.17)
Loan from others	2 (8.33)
Charity organization	1 (4.17)
Education sponsorship	1 (4.17)

bills” and “death.” Hence, we could not claim that medical help was fully utilized in the Meigu Yi community; though all of them did seek help from the hospital, the drop-out rate was also very high. Many of our interviewees had to travel a long way, to cities outside of Meigu, to find quality treatment, but they were often turned away by doctors as they weren’t able to afford the treatment. In Chap. 2, we saw that medical institutions created debt, grief, conflict, and frustration in our Yi participants. After they had spent so much trying to treat their family members (normally the head of the household), the families went bankrupt and the family members died anyway, eventually, in the majority of cases. We seldom heard of anyone recovering fully from the illness, solely as a result of seeking medical help. Instead, we heard that many people had given up on medical treatment due to its high cost (as in the story of YX above). Besides medical treatment, there were a mixture of factors that helped maintain physical health and functioning, as we shall see in the following themes.

Theme 2: Seek Help from Religious Tradition

Twenty-two (91.7%) of the interviewees had sought help from Bimo priests in times of difficulty. Two had also sought help from the Suni for

exorcism. Besides healing and blessings rituals, they also looked to the Bimo for advice and fortune-telling. This theme is consistent with the focus group discussion and our observation of the participants. In the story of HZ, he, as a migrant worker, would have preferred to go home for the Bimo ritual after falling sick at the construction site. In the story of YX, both she and her husband went to the Bimo for the healing of illness and pain. Bimo tradition indeed permeated every aspect of the lives of Yi people from Meigu, ranging from moving to a new house to changing their fortune. Though we know for sure that all the Yi from the Meigu villages would participate in the blessing rituals conducted by Bimo priests twice a year, not all interviewees explicitly mentioned help from the Bimo in the interview (two transcripts were not coded for this theme). When reading these two interview transcripts closely, we found it was not because they did not believe in Bimo rituals, but because of the lack of money needed to initiate such a modality of help. For instance, one of the interviewees said, “I did go to hospital once, but then I did not have money, so I only went there once. I thought I got rheumatism, but the doctor didn’t confirm that after the check-up. I did not take any medicines, as I was too poor to buy medicines... While other Yi people in our village do *mi xin* [ritual], we did not. Because we have no more money to buy goat, chicken, or pig, so we did not do *mi xin* [ritual].”

Another 18-year-old girl we interviewed also did not mention utilizing Bimo ritual in times of suffering, not because she was unaware of such a resource, but because her major suffering event had been losing her parents. Her father had died as a result of gastric problems, and her mother had run away from home when she was little. While talking about her father’s death, she said, “We did bring him to the hospital, because we had no choice. Then he died the next day.” However, her family still followed Bimo custom by doing “blessing rituals” two to three times a year in the village.

Among those interviewees who tried both medical and religious methods, they did not have any obvious preference or bias toward one or the other. For instance, one participant said, “I am not sure it is because of drugs, or *mi xin* [ritual], but now my lower back feels much better and not in pain anymore.” Therefore the themes concluded here are simply “help-seeking method,” not “effective method.”

Theme 3: Support from Family and Friends; Theme 6: Support from the Neighborhood and Community

Besides help from religious figures and the medical profession, 15 of our interviewees mentioned support from family and friends in times of difficulty. It is not surprising that in a culture bonded by family clans, relatives are obliged to help each other in difficult times. Most of them provided practical help to our interviewees, including giving or lending money ($n = 9$), giving daily necessity ($n = 4$), sharing the labor at the farm ($n = 3$) and daily care ($n = 2$), and providing transportation ($n = 1$). For instance, in the story of YX, her brother helped out with her children's medical fees and financial aid after her husband passed away. Another participant who was also a widow told us that a relative gave her two piglets to raise. Another said her cousins used to take care of them by giving clothing and food. One participant with AIDS had lost his ability to do farm work, but his brothers would help him with harvesting, and his wife with house chores. Besides practical help, three participants also received emotional support (e.g., encouragement) and companionship from their family members and close friends. One participant also commented on how she, as the mother, disciplined (scolding and beating) her adult son, a drug addict, as a way of "helping" him. This also chimed with what had been said in the focus group discussion—that, in the Meigu Yi area, people deemed "family supervision" as a way of helping drug addicts rehabilitate and recover.

Many interviewees did not specifically differentiate between relatives and friends here, using the noun "family friend" (亲戚朋友) in the conversation. Therefore, in the process of coding, we have combined friends and family into one category, assuming those close friends were the "insiders" of the family clan, and people they trusted deeply. However, we code the category of "neighbor" under Theme 6, as one third (eight) of the interviewees used the term "neighbor" explicitly as someone who helped and supported them. These neighbors also provided material help, and practical help to our interviewees. One participant said, "My neighbors helped me feed my children... they brought noodles and rice for my children... when I don't cook at home, my kids will go to their home and eat there." One elderly interviewee also said that, when she was sick, her neighbor's teenage kid would carry her to the hospital. Another elderly woman also specifically said, "The daughter from AS family in Leibo bought drugs for me, and the daughter from JL family also made rice wines for me." The kind of support received from neighbors was very much an extension of that received from relatives and friends.

This reciprocal network of neighbors was also witnessed during our field trips in Meigu. One villager took our RAs to the home of a “hundred-year-old granny” (百岁老奶奶) who had been abandoned by her sons. Though she was not qualified to be one of our study participants, the RAs still cared for her by leaving their jackets and buying food for her, as she was really in a bad condition. During their visits, they also found that one of our interviewees (the old lady living next door) was actually the main caretaker for this old woman, though both of them were suffering (see Online Resources link). Therefore, neighborhood support was quite common in the Meigu area, as part of the strong-ties network for Yi people (Zhang 2015).

*Theme 4: Seek Social Welfare; Theme 10. Seek External Support;
Theme 11: Help from Charity Organization*

Twelve participants reported seeking help from various social welfare organizations while facing life challenges. The most common form of welfare was medical claims, as medical resources were commonly sought in this group, which is evident from Theme 1. However, as we know, not all treatment could be claimed for or reimbursed; therefore, they often ran into the complication of not being covered sufficiently. In the previous chapter, we talked about a widow who was left with a huge medical debt after her husband’s treatment failed. Even during the process of his treatment, he had to be in and out of the hospital in order to comply with the medical insurance policy. This disruption in treatment took an added toll on his health. Eventually he died and the wife had to take care of the medical debt. Insufficient medical insurance policies have always been a sore point for rural people in China. We often heard the locals saying that “minor illness is not curable, while major illness is not affordable” in the hospitals of China (小病治不了,大病治不起). Under the current medical insurance scheme, our participants had to depend on other sources of welfare, besides medical claims.

Some mentioned low-income subsidy (低保), and some talked about subsidies for housing, senior people, people with disabilities, and schooling. However, the amount they received was minimal (200 RMB per month for low-income security; 1000 RMB per year for people with disabilities). Even if they were qualified for it, they might not be fully informed of their eligibility due to corruption in rural areas. One participant said that, because of the rural construction policy, his home had recently been

connected to the power line for electricity. He was angry that he was charged differently than others, and that the officer took advantage of their utility payments. As a matter of fact, only 50% (12 out of 24) of our participants received social welfare despite the fact that they all qualified as low-income families and members of a marginalized group. This number is quite revealing of the problems with the policy itself. Some participants were not aware of their right to receive welfare, as the application procedure is dictated by the village officers. Some of them were knowledgeable enough to go and fight for their rights with the authorities, but this caused additional conflicts that might result in other types of suffering.

As discussed in Chap. 3, the problems of injustice and corruption might be a hindrance to our participants when it comes to seeking support from the government, in spite of the fact that they live in a socialist country where they are supposed to have equal access to social welfare, and that the Chinese government claims to have invested over 1.1 billion RMB in 2016 in the Liangshan area for basic development.¹ In recent years, a new policy called the “precise poverty relief program” (精准扶贫) has been launched in all the rural areas; however, we have seen mixed results of this policy, which we will discuss further in Chap. 7.

Besides seeking official help, one participant reported seeking help from their employers and a private insurance company, and one had sought loans from the bank and others (Theme 10). However, there were not many external sources of support available to Yi in the Liangshan area, as we learned that many mainstream Chinese would not loan money to the Yi ethnic minority due to discrimination and stereotyping (fearing they would not pay the money back). As many of them are migrant workers, our participants do not have protection from labor law and work insurance. This also explains why social support outside of the family and neighborhood is minimal. What is even more striking is that only one participant mentioned getting help from a charity organization (NGO) in order to finance her child’s school fees (Theme 11).

*Theme 5: Individual Perseverance; Theme 8: Migrant Work;
Theme 7: Self-Care*

When asked what they had done to resolve their predicaments, 10 out of 24 interviewees said they depended on their own efforts and perseverance to overcome suffering events. While there was not much support in their

environments they could depend on, eight of them said they would rely on themselves to solve problems. This resonates with the story of HZ, who had decided to drop out of school at age 14 and subsequently worked in various cities to earn money to feed his family. As a middle child, he saw that his parents had no means of paying for the education of his two brothers; therefore, for the past six years, he had taken upon himself the burden of supporting his family. He said, “When I got a problem, I wouldn’t tell my brothers because they are still in school and need to focus on their studies. Even if I couldn’t save enough money, I would still keep it to myself. I don’t want them to drop out of school. So, every time, when I called them, I would share good news with them rather than the bad news.” Every month, his brothers would also call him to ask for money, so he had a budget for his own daily expenses. HZ worked very hard as a migrant worker on construction sites and in factories, to the point of skipping meals. He also tried to take military exams and study Chinese in his leisure time. Another interviewee, SX (featured in Chap. 2), told us she could only rely on herself to make money, by sewing traditional clothing and other bits and pieces, after her husband died of AIDS and passed the virus to her. In order to pay for the education of their children or other family members, most of our participants would cut daily expenses (such as eating corn to fill their stomachs) and take on multiple jobs to maximize their income (Theme 8). Five of the interviewees said explicitly that migrant work was their way of alleviating their misery. In our study, we witnessed how Yi from Meigu strove to live and care for themselves and their families, and that, contrary to social stereotypes, there was not one “lazy” participant, but many who were “conscientious” and “sick.”

Besides seeking help from the medical profession to deal with their illnesses, seven of the Yi-Bimo participants said they would try to adjust their pace of life by resting at home (Theme 7). A lot of the time, this method of “resting and doing nothing” was actually suggested by doctors, as their illnesses were quite severe. Those participants with AIDS often told us that the doctor did not tell them the diagnosis, but simply advised them to “rest at home” and not go out to work anymore. This is why only two of these six interviewees used AIDS terminology in narrating their suffering events. Under the theme of self-care, one of them said he would do exercises and, another old lady said she would massage her head when she did not feel well.

Theme 9. Drug Dependence

The culture of Yi from the Meigu area involves alcohol consumption and smoking. Three of the interviewees specifically called on those habits when being asked about coping methods. One of them explained her deceased husband had become addicted to drugs because someone had told him it would reduce the pain arising from his stomach problems. Therefore, it was actually a self-help method that later developed into an addiction. Similarly, another interviewee said she would drink until she was drunk when she felt helpless. Yet another interviewee, who was a widow, also used smoking as a way of comforting herself every time she got frustrated with her environment. The testimony of these three participants made us think about the drinking and drug-taking culture in the Liangshan area. Though no systematic study has been done on this topic, it seems that resorting to drinking and drugs shares with resorting to rituals a similar tendency to rely on external quick fixes, with minimal effort to utilize internal/mental resources. To the extent that substance abuse and utilization of the Bimo reflect the same coping style, we suspect that the Bimo tradition serves a vitally important function as an alternative to drug use. Might it not be that the rise of the latter is one of the consequences of the decline of the former?

NARRATIVES OF SUFFERING OF YI-CHRISTIANS

Story of Mrs. H (Narrated by Zhangying)

Upon entering the courtyard of Mrs. H's home, we caught a whiff of traditional Chinese medicine. The kitchen occupied the corner of the courtyard, with burnt ash filling the stove. It was already sunset, and the lighting in the rooms was dim. Mrs. H was wrapped in a sweater. Her face revealed her exhaustion, but we were still greeted by a smile. That was in October 2015, when we met for the first time through a local informant's introduction. During the home visit, relatives living nearby were also present. The locals call these relatives from the same clan "*jiamen*."

As we sat down, Mrs. H hastily offered us a cup of steeped tea. During this conversation, her voice was low. She did not go into the details of her

suffering event. From the interpreted introductions, we learned Mrs. H was 54 years of age at the time and had been converted to Christianity 20 years earlier. Three years prior, while working in Kunming, Mrs. H had unfortunately contracted tuberculosis. She currently stays at home brewing traditional Chinese medicine for herself as her husband was killed several years ago and her children, though still young, are not always around. The financial hardships faced by her family are hard to imagine.

Mrs. H said she had originally worked at a factory processing egg cartons. However, due to the thick dust (produced in the factory), she suffered from severe coughing and had transferred to a new job in a restaurant. Unfortunately, she was diagnosed with tuberculosis shortly afterwards. At first, Ms. H was treated at Kunming, but because she could not afford the expensive treatment, she returned home without being cured. At the time of our interview, she could only take medicine costing about 1600 RMB every month. Mrs. H felt dejected at not being able to continue working after falling ill. She said her family's field land had already been turned over to relatives and she could no longer live on farming like before. Mrs. H's daughter (T) is studying at a secondary school with a yearly tuition fee of 7000 RMB. Her eldest son (Q) is 19 and has been working in Kunming since leaving school. He only makes about 1000 RMB a month for his wages, which is swallowed up by Mrs. H's medicine and his younger sister's tuition fees (Fig. 4.3).

When asked about her medical condition, Mrs. H gave a solemn frown and stated, "I take medicine every day." In the same breath, she talked about the financial burden resulting from the high cost of medicine. She showed us some of her medical records and prescription receipts. Mrs. H said her condition did not qualify for medical insurance, as only inpatients qualified for medical subsidy. Even if she qualified, our local informant said, the hospital facilities in Kunming and Luquan only covered about 10–20% of the total bill. The small hospital in their town (SYP) could cover 70–80% of inpatient costs, but had a reputation for poor treatment and being ineffective. Mrs. H said that thinking about her condition made her the "most sad," considering her underage children, who still need her nurturance.

"While I was in Kunming dealing with inflammation of the throat, colds, fevers or coughing, I would pray. When it is Sunday service time, I would also pray by myself. While staying in the hospital, I prayed in the



Fig. 4.3 The RA and Mrs. H, on the right, during the interview

room... When my heart is at its saddest, going to church is the happiest thing I can do. Participating in church worship would keep me from falling into despair.” Mrs. H began to cry like a burst dam. She started to recall her suffering memories since youth: “When I was 13, my mother passed away. My father also passed while I was getting married.” After she became calmer as a result of our listening to her, we left our contact number and prepared for follow-up.

The RA called her in October and asked Mrs. H how she was feeling. She replied, “I take medicine every day, four times a day.” But the medicine did not seem to improve her condition. She continued, “It is only me here at home. My two children are away studying, and I can’t work at home. I take medicine every day, four times a day.” She also continued attending church services and worship on Wednesdays, Fridays, and Sundays, and prayed in silence at home. She said, “I am at my saddest when I am at home and not in church. Attending *li bai* (church services) would lift my mood.” She continued, “After waking in the morning, I wash my face, sing a song, and pray. Then I prepare a little food after my morning prayers.” Mrs. H particularly enjoys singing hymns, as it cheers her up. The RA invited her to sing over the phone. She happily grabbed the Yi hymnal book and sang hymn numbers 39 and 80 in Yi for me (the lyrics are about relying on Jehovah). These hymnals are actually not written in ancient Yi script as the original form has already been lost; instead, the missionary Samuel Pollard created a phonetic alphabet that could be used to assemble Yi dialect pronunciation. When we called her in November, Mrs. H said she had come down with a cold the week prior. She took the bus by herself to Luquan Hospital to buy a month’s worth of medicine. She mentioned that the medicine had helped her cold and that she had to go again for an X-ray. She was thankful, and while conversing with us, her mood and emotional state were noticeably calmer and more stable, despite the weak tone of her voice.

On the last day of 2015, we visited Mrs. H again for a more formal interview. Her daughter, T, was at home as well, and treated with courtesy. Mrs. H’s face that day was paler than the last time we met. Despite her daughter’s company, Mrs. H’s financial difficulties continued to put her under mounting pressure. She complained, “The cost for medicine is extremely expensive, and I could not get reimbursed for 2014 or last year’s medicine.” As we learned, the reimbursement policy is set by the residential areas, and only 20% of the bill from Kunming was covered.

During this interview, we touched on her most sensitive issue—the cause of her husband’s passing. She did not answer our query directly, but looked serious, and murmured softly and quickly: “It was an accident... it was horrible...” After a long pause, she began talking about the experience of raising her children by herself. “Talking about this makes me sad... This...” She pointed toward her daughter. “Her father was not around for 17 years... 17 years. She was just six months old, six months. Her brother was three years old and I was left alone to raise them.” She paused for a moment, and repeatedly said, “It is difficult to talk about it, it makes me sad just to talk about this... I don’t know how to talk about it.” We did not push the topic further, but followed her gaze to the family pictures hanging on the wall, including a portrait of her husband in his younger days.

According to our local informant, T, who happened to be a relative of Mrs. H, Mr. H had actually been murdered. Seventeen years earlier, when Mr. H was drinking and eating with a few friends, they ran into some gangsters at the roadside and began to bicker with them. This escalated into physical conflict and fist-fighting, and Mr. H. was stabbed in the chest. He died on the spot and the gangsters escaped. The local police failed to find the suspects and justice was never done. Though we did not experience Luquan as a chaotic and dangerous place, the local informant said about that, about two decades earlier, their town had been quite insecure. It was a place with many migrant workers and a fluid population, living alongside a mix of ethnic minorities. Mr. H had worked as a tractor driver on a farm; after his death, the family’s own farm had fallen into disuse because there was no one to work on it. As a widow with two toddlers, Mrs. H could only go to the city and work in a factory, but then she contracted tuberculosis and couldn’t afford the medical bill. The support from her family of origin was slim, as both her parents had died when she was young, the same as her husband’s parents. She had not seen her only brother for many years.

During the winter break of 2016, we managed to find some financial aid to pay T’s education fees. Mrs. H again called us to express thanks, and her condition was showing signs of improvement. She went to Kunming once again for her lung check-up, but did not show bitterness over the medical bill. She also joined the church choir, and when we met her again in the summer of 2016, she had a big smile on her face. She continued to reminisce about her deceased husband, but the grief was less after having found a sympathetic ear in one of our RAs.

Story of Grandma Y (Narrated by the First Author)

Our first encounter with Grandma Y was in October 2015. We traveled to the mountain area of SYP where the road was not fully constructed, so we had to get on the back of a four-wheel-drive truck, rocking for about half an hour till we got near to her home. She waited at the corner of the road, and took us walking through the bamboo bush, hiking down the hill before we reached her house made of mud and wood. There were poultry in the open-air front yard; then we saw a young woman smiling and staring at us blankly from the corner, with unkempt hair and poor hygiene. Grandma Y said, "That's my daughter-in-law who just returned home from wandering away... she has gone crazy." We sat on a bench at the front entrance, and two of her grandchildren were hiding in the room. Even before we began our introduction, Grandma Y was agitated, ready to talk about her life full of sufferings.

From the translator, we learned Grandma Y was an ethnic Yi but had been brought up in a village that was predominantly Han Chinese. That is why she did not speak the Yi language well, but conversed in Yunnan Chinese dialect. She had never been educated, and had come to the village when she married her husband. They had three sons, but the two eldest were not filial and had left home upon getting married. The youngest was the most filial, but had died of illness 11 years earlier, after which Grandma Y's daughter-in-law, left with two children, had married someone from another village. However, after she gave birth to another child, she became "crazy" and lost her memory. As she could neither take care of herself nor her children anymore, Grandma Y took her two grandchildren back and assumed the responsibilities of parenthood.

Later on, we learned from her granddaughter that her stepfather obviously preferred his own newborn to them, and would beat their mother at home. We were not sure whether this was the cause of her "madness," to the point of her becoming mute, demented, and losing touch with reality. While Grandma Y was complaining to us about her, she was actually crying silently next door. Even when we tried to comfort her and talk to her, she could only shake her head and give us an empty look like an innocent child.

That day, there were two main things Grandma Y talked about, at a high pitch and full of agitation. The first was the conflict with her sons after she had started going to church and been converted to Christianity

about a year ago. She had been introduced to the Christian faith when she rented a room in SYP town for her grandchildren to go to school there. She said her eldest son and daughter-in-law had threatened her by saying, “If you become a Christian, we would not carry your coffin [at your funeral].” As witnessed in our participant-observation, the local Yi followed the burial tradition whereby the offspring of the deceased would carry the coffin to the burial site. It would be considered shameful in the community if none of your children carried your coffin at your funeral, hence Grandma Y felt torn about her decision to become a Christian. As a matter of fact, she was sobbing nonstop when talking about this.

The second cause of conflict with her children was her sense of responsibility for her grandchildren. Though she received insurance money from the government (1000 RMB/year), to which, as a low-income senior, she was entitled, she spent all of that on her grandchildren’s school fees. The rental for their small room in SYP town was about 600 RMB/year, and she had to pay the transportation fee (40 RMB/person) to get back to the village. As there was no boarding school for the grandchildren, she had to find a small room in town. She also had to stay with them and take care of their meals. Her two older sons disagreed with her financial support for the grandchildren. They would fight over her insurance money and push her to abandon the kids in the orphanage. Grandma Y refused to back down, and vowed, “I will go out to beg for a living for my grandchildren, even if I have no more money.” All the while, her husband listened quietly without making any comment. It seemed he had also given up trying to persuade Grandma Y and just let her do whatever she wanted.

When we looked around the household, there was corn randomly dispersed on the floor, and a few cocks running around the place. Grandma said her “fate was bitter” (*ming ku*), and she could only put her hopes in these two grandchildren. She stayed in town with them, cooked for them, and occasionally sold some family produce at the farmers’ market. She still attended church services, as this lifted her mood. But she also had difficulty understanding the sermon, as Yi was not her mother tongue. She also did not fit in with the other Yi elderly. Before we left, Grandma Y asked our local informant to take two cocks to sell in the town market, but one cock escaped (flying out of the truck) during our bumpy ride. That became the only laughing point in our home visit that day.

Over the following three months, Grandma Y was quite cheerful and talkative over the phone. She said she was continuing to go to church, but her grandson sometimes got flu. In our view, Grandma Y, though lonely and poor, was actually quite independent and intelligent. She took all her important documents and belongings with her everywhere she went. For example, she carried a simple cellphone in her pocket, and her ID, insurance card, and bank card were all in one small wallet. She was probably the most organized elderly person we found in Luquan.

On the last day of 2015, we revisited Grandma Y in her small rental room in SYP. This time she was fetching her grandchildren from school, and had just returned from the farmers' market. She said she had been helping her neighbor sell bamboo baskets, with 2 RMB profit for each basket sold. She needed to do this for her grandchildren's education and living expenses (about 70 RMB per month). Recently, her daughter had been bringing some rice for them, but she was getting married soon. Her grandson was quite shy when we met him, and her granddaughter was busy sewing the insole padding for sale. This small room was about 20 meters square, with two single beds, a few benches, and a rice cooker occupying most of the space. Though there was a light bulb hanging down from the wall, it wasn't turned on, in an effort to save power. Grandma Y told us that her grandson would finish junior high school the following year, and would not continue his education after that as they could not afford the tuition (China has a policy of free education up until junior high school). When we inquired about her "crazy" daughter-in-law, she said they hadn't been able to find her again after she wandered off. It seemed her grandchildren did not care much about the whereabouts of their mother either, as if she was long gone. When we left, Grandma Y wanted us to take some of her walnuts from the villages with us, as a gesture of hospitality (Fig. 4.4).

Over the following six months, she talked at times about some aching in her leg, and her financial crisis. We managed to find some financial aid for her grandson's education, and she showed much gratitude for our care. She still stayed in town most of the time, and attended Sunday service occasionally. She could make about 20–30 RMB in a good week, but said her eyesight was getting worse. Her nephew would also give her some rice and groceries. Her granddaughter got flu sometimes and, in June, Grandma Y started experiencing dizzy spells whenever she stood up and walked. She did not seek hospital help due to having "no money." During that time, she was unable to sell any baskets, but she did sell home-grown peas at the market.



Fig. 4.4 Grandma Y and her grandchildren in their rental room

On our last visit during the summer of 2016, Grandma Y was sewing the bedshoe outside of her rental room. Her neighbor sat quietly next to her under a dim light. She said her grandson had left to work as an intern in the big city during the summer break. She also seldom went back to her village as her eldest son and daughter-in-law would come to harass her. Grandma Y was wiping away tears as she told us this. She said her eyesight and hearing were not as good as before, and she wanted to give us two cocks from her village. We refused politely, but after we left, she called our local informant and reminded us to pick up the cocks from her apartment as she needed to return to the village to look after her husband, who was ill. Though we didn't pick up the cocks in the end, after that we always associated her story with her beautiful and healthy cocks (see Online Resource for pictures).

A FOCUS GROUP STUDY WITH YI-CHRISTIAN LEADERS

According to our focus group session with four religious leaders in Luquan, there were four different types of resource utilized by Yi-Christians in time of suffering—religious community, governmental support, relatives and friends, and personal effort or endurance. One Christian leader gave a testimony about a sister (this is the way they address female Christians) who had been diagnosed with cancer and whose non-believer husband was not caring for her. So the church members went to visit and pray for her. They were all inspired by that sister's strong faith, because whenever she felt pain when squatting down (due to a swollen stomach), she would start giving thanks to the Lord. So this Christian leader concluded that "it is different when you have faith in Jesus." Apparently, the church had a system of caring for its sick members through home visits and prayer, and they would also bring material gifts.

One leader said, "We had a senior nursing home here near our church. So we would visit them once a year by bringing donations like shoes for the elder residents there. Sometimes we also organized volunteers to go and help them clean the compounds and cut their fingernails." Another said they would visit those church members suffering not only from poverty, but also family discord. Besides providing for material needs, the pastors would pray and preach during home visits. Sometimes they would provide counseling to couples experiencing conflict, and sometimes they would try to give psychological and practical advice to church members for problem solving. One leader said it was extremely beneficial to preach the gospel to those who were suffering, as they needed more peace mentally.

The leaders also said the government would help those who suffered disasters, and give subsidies to the elderly and low-income families. But they thought personal efforts were more important. For example, there was another sister from the church choir, whose house had been burned down by accident. So the church group members went to visit her, and seeing that she was very hardworking, they tried their best to make up the losses by contracting more land for tobacco (encouraged by the local government). Eventually, after two years, she and her husband managed to recover their home. Finally, regarding personal effort and perseverance,

one of the church leaders also stressed that healthy habits and exercise were important. For instance, eating healthy meals, maintaining good hygiene, and having regular medical check-ups were all necessary to prevent future illness. He said, “Some suffering could actually be solved and prevented early on by human effort.”

THEMATIC ANALYSIS OF TRANSCRIPTS OF YI-CHRISTIAN INTERVIEWS

The four resources mentioned in the focus group with pastors and religious leaders surfaced again later on in our interviews with local Yi-Christians during their time of suffering. However, the lay Yi-Christians obviously utilized more diverse and individualized methods of problem-solving, depending on the context of their suffering, as can be seen in Table 4.2.

Theme 1: Medical Help

Similarly to Yi people from Meigu, the majority of our Yi interviewees from Luquan had also sought medical help in the past. Twenty-one out of 23 participants spoke about their experiences of seeking help from medical professionals. As stated in Chap.3, many also attributed their suffering to Natural Causes. Among those seeking medical treatment, 15 took medicines as a way of alleviating their pain, seven had experience of hospitalization, seven had used IV injections to feel better, five had experienced surgery, and four had been for medical check-ups. As in the story of Mrs. H, many of them just took herbal medicines as these were cheaper. Another affordable alternative was IV injection/infusion, which gave immediate relief to patients. This was the most widely sought and utilized method in rural China, based on our observations. As in Chap. 2, we learned that pain and Physical Discomfort were as prevalent as physical illness among our Luquan participants, so it made sense that they would take pain-relief medicines rather than having surgery to deal with the root cause of the problem. Many of them suffered also from problems of old age, which is an irreversible condition, so medical help was the most popular remedy sought, though not necessarily the most effective or favored one. It is worth noting that two of our participants who did not report seeking medical help were not without physical pain and illness. One was Uncle

Table 4.2 Themes from the help-seeking behaviors of Yi-Christian participants ($n = 23$)

<i>Themes</i>	<i>Frequency (%)</i>
Medical help	21 (91.3)
Take medicines	15 (65.22)
Surgery	5 (21.74)
Hospitalization	7 (30.43)
Injection	7 (30.43)
Check-up	4 (17.39)
Personal efforts	15 (65.22)
Farming	2 (8.7)
Income-generating	9 (39.13)
Self-reliant	6 (26.09)
Striving to live	2 (8.7)
Saving money	1 (4.35)
Leisure and hobbies	1 (4.35)
Help from family and friends	14 (60.87)
Depending on children	8 (34.78)
Depending on neighbors	9 (39.13)
Prayers from the family	2 (8.7)
Taken care of by relatives	6 (26.09)
Practicing Christian faith	13 (56.52)
Relying on the Lord	4 (17.39)
Prayer	10 (43.48)
Bible reading	1 (4.35)
Hymn worship	1 (4.35)
Welfare policy	11 (47.83)
Senior subsidy	5 (21.74)
Disability subsidy	1 (4.35)
Contracted land	1 (4.35)
Low-income subsidy	1 (4.35)
Loan from government	1 (4.35)
Reduced tuition fee	1 (4.35)
Medical help	1 (4.35)
Material donation	4 (17.39)
Housing subsidy	1 (4.35)
Support from the church community	6 (26.09)
Prayers from others	1 (4.35)
Communal prayers	1 (4.35)
Worship together	1 (4.35)
Sharing the family labor	1 (4.35)
Medication	1 (4.35)

(continued)

Table 4.2 (continued)

<i>Themes</i>	<i>Frequency (%)</i>
Emotional support	1 (4.35)
Material support	3 (13.04)
Personal perseverance	3 (13.04)
Endurance	1 (4.35)
Positive attitude	1 (4.35)
Good health	1 (4.35)
External support	1 (4.35)
Support from workplace	1 (4.35)

BR, introduced in Chap. 3, who had been blind since his youth. Another was Sister Wang, who refused medical help and had also been blind for a long time (her story will be told in Chap. 5). These two elderly individuals did not seek medical help, mainly because the suffering events they reported in our interviews were related to historical sufferings, such as losing parents and starvation.

Theme 2: Personal Efforts; Theme 7: Personal Perseverance

In contrast to the Yi-Bimo group, where the second-largest theme was seeking help from religious experts, Yi-Christians (15 out of 23) talked about a variety of self-help methods (Theme 2). Nine of them told us that, in order to raise funds for medical treatment or education fees, they had sold their most precious belongings (e.g., cows, pigs) to generate extra income. One said he would collect recycled bottles to earn some cash, and another knitted hats to sell for extra money. Another participant sold his crops (corn) to pay for treatment with injections. Even though cows are necessary to help in farming, just as crops are a necessary source of food for Yi families in the villages, our participants had to sacrifice these necessities in order to pay their medical bills. In the story of Grandma Y, narrated above, she sold her cocks, her neighbor's bamboo basket, and the shoepads she had sewn to generate as much income as possible, in order to support her grandchildren. Those who did not have things to sell had to sell their labor by working part-time, or else cutting expenses. In the story of Mrs. H, she opted for cheaper medications and spread-out treatment for her tuberculosis. Some people chose to ignore flu-like symptoms and just rest.

Six participants said they would rely on themselves, doing house chores, finding medicines, and waiting for the body to heal itself in times of difficulty. One interviewee said that when he was starving in the past, he would pick wild fruits to fill his stomach. Another said he tried his best to problem-solve. A strong widow said she had to raise her child by herself. A lonely grandmother said she would listen to the radio to assuage feelings of emptiness. All these were creative solutions based on individual intelligence, and efforts to solve problems. Rather than turning outward to seek help, they used all kinds of self-help methods to improve their conditions. Theme 7 also recorded two participants who referred to their inner strength of “endurance, positive attitude, and good health,” as a resource that helped them through difficult situations.

Theme 3: Help from Family and Friends

As many of the Yi-Christians we interviewed were senior people, 14 of them reported having to depend on the family and relatives in time of suffering. Nine of them talked specifically about how their adult children supported them, both financially and by helping with farm work. In the story of Mrs. H, she was fortunate that her eldest son, aged 19, was able to work in Kunming and make some minimal income to help with her medication fee. In the story of Grandma Y, she relied on her daughter and nephew to supply groceries. For those whose children were already separated from them, or had migrated to the city, or were married and living in another village, help from neighbors was crucial. Nine interviewees talked about receiving help from neighbors, both physically and practically. One said her neighbor had taken her to the hospital for her injection. Another blind man who was an orphan (Grandpa BR) said his neighbor helped him with all the house chores, such as getting firewood and water from outdoors. This was also true for another blind old lady (Grandma W) whose neighbor brought her food and water. Whenever we wanted to leave a gift for this old lady to express our appreciation, she would want us to give it instead to the neighbor who took care of her, even though that neighbor was quite well-off. Being able to trust their neighbors was important for those who were disabled, isolated, or had no family members left to care for them. Eventually, when Grandma W died at home, it was her neighbor who discovered her body and hosted her

funeral. Besides receiving physical care and help, two of the interviewees said praying together with the family members also helped them in difficult times.

Theme 4: Practicing Christian Faith

Thirteen of the 23 interviewees mentioned praying, reading the Bible, and singing hymns as self-helping methods. Ten of them talked about praying in times of crisis and emergency (for example when family members got injured, or needed to go to hospital), as their way of asking God for healing and intervention. Sometimes, they found that “miracles” did happen after praying, as though God had answered their prayers. Some would pray when they felt weak and emotionally down. Four of them said they would “rely on God” when they felt stuck in a predicament and had no way out. It was a case of “surrendering to God’s guidance” and believing He would solve their problems eventually. One interviewee said: “Though I have suffering, I already believed God. I will eventually meet the Lord, so the earthly things are not much of my concern now. We could only depend on the Lord to bless us and take care of us in the future.” This “internal submission” to God is part of Christian teaching about trusting God’s lead and not worrying about earthly things, as those who believed in God would go to heaven, a place where there would be no more suffering and pain. Having this kind of hope concerning what happens after death has far reaching ramifications for the Yi-Christian responses to suffering.

Theme 5: Welfare Policy

Eleven out of 23 participants mentioned seeking and receiving help from government welfare, including senior subsidy (five persons), disability subsidy (one), low-income subsidy (one), governmental loan (one), reduced tuition fee (one), housing subsidy (one), medical help (one), material donation (four), and contracted land (one). Regarding the senior subsidy, when we asked the participants, some said they got 70 RMB each month, while some said 80 RMB each month. We found that, under the title of each policy, the amount of subsidy was not fixed, and could vary from year to year. For instance, three of our interviewees who were blind received nothing at all in the way of welfare payments, and it was only brought up by one Yi from the Luquan group. However, after this dis-

abled man had his status amended from the third level of disability to the fourth, the subsidy stopped. Similar things happened with medical insurance policies and low-income subsidies. These were usually given by quota in the village. We heard some villages only got one family quota per year, and had to rotate this among those who needed it. The power to distribute the quota and subsidy belongs to the head of the village and the government official. When there is no transparency as regards the process of application and distribution, combined with language and education barriers, one can imagine that the implementation of these “good-will” policies can easily be twisted by those charged with interpreting the policy, who may have a bias toward ethnic minorities. Though the centralized Chinese government has been tightening up the policy to prevent corruption, there are still loopholes that are exploited by local bureaucrats in remote rural regions. Thus, similar to the Yi-Bimo group, the Yi-Christian group also faced the problem of not being able to access governmental welfare, even though all of our interviewees came from low-income households with multiple shortages. However, in comparison to the Yi-Bimo group, our Yi-Christian group did not complain much. Instead, they showed more gratitude and appreciation toward the “country” (*guo jia*) and “party” (*dang*). At the same time, the Yi-Christians did not seem to put all their eggs in one basket: their praise for the earthly authority (the government) tended to be accompanied by the giving of thanks to the heavenly authority (God). We believe this two-tiered attribution of causation calls for a relatively more abstract way of thinking.

*Theme 6: Support from the Church Community; Theme 8:
External Support*

Among Yi-Christians, although sometimes neighbors and the church community overlapped, there were still six interviewees who specifically mentioned various types of help they received from the church community (“Body of Christ”). Three of them talked about material support received in times of need, especially monetary donations. One old lady was raising her 13-year-old grandson, who had kidney stones, alone. Due to the kidney problem, the boy could not go to school. They went to Kunming for surgery to remove the kidney stones twice. But somehow the illness kept coming back, and finally they gave up on treatment because the medical bill was too high. This grandson was an orphan who had lost his parents when young, meaning that the burden of raising him had fallen

on the aging grandmother's shoulders. When we visited her, she could barely stand and walk with a stick. Without any means of earning a living, she said the church community had been a great help in providing for her material needs, including raising money for the kidney-stone surgery for her grandson. Her own son was an alcoholic and exploited her financially.

Besides material support, one interviewee said that after she fell sick she was very touched when a sister from the church came to help her family with harvest and farm work. The emotional support participants received from church members such as praying and worshipping together was also important. One interviewee said, "There is no loneliness in the church. No one is lonely in the church." One said, when she was sick, she asked others from the church to pray for her. Another said that even when the church was oppressed during the Cultural Revolution, they would still meet and pray together in secret. Hence, being able to practice their faith in a communal setting was as important as individual practice and belief for our Yi-Christians.

Lastly, only one interviewee mentioned external support (Theme 8), with her children receiving some help from the workplace while they were still migrant workers. This 78-year-old old lady was a widow who had lost both her son and daughter to migrant work. She said her daughter had got "brain anemia" (脑贫血) because her working environment was "terrible." She fell sick due to long term exposure to the toxicity of some kind of "chemical formula". The workplace (*dan wei*) had helped with her medical treatment, but she died eventually of medical complications. A similar thing had happened to her eldest son as well. Though employers had provided some medical support for her children, this interviewee was not aware of her children's legal rights and their employers' responsibilities in these sorts of occupational hazard cases. This is a common problem among migrant workers in China, and the help available to them is limited. We also realized that the Yi-Bimo group were actually more aggressive in pursuing their rights than the Yi-Christian group, with the latter never mentioning having conflicts with, or any interest in, authority figures.

In summary, the Yi-Christian group utilized medical resources, family support, neighborhood networks, personal efforts and faith, and church support in times of difficulty. Their problem-solving methods were quite straightforward and simple. When they were at the end of their rope, "submission to the Lord" is a final solution. In contrast to the Yi-Bimo group, they never mentioned using substances such as alcohol and drugs

to make themselves feel better. They would “strive” for survival and exhaust every means available to them, and none of our interviewees ever said “there is nothing I can do”—a frequently used expression among Yi-Bimo interviewees. This might be because many of our Yi-Bimo participants had “terminal illnesses” (e.g., AIDS), about which the doctor just asked them to “rest” and do nothing. The Yi-Bimo also utilized religious resources, but they mainly “participated” in the rituals, rather than actively “praying” for themselves. In the Bimo tradition, there seemed to be more reliance on the religious expert (e.g., Bimo priest), whereas religious resources for Yi-Christians seemed to be more internal and abstract. To further investigate the difference between these two groups in terms of their ways of help-seeking in times of suffering, we conducted a psycholinguistic analysis.

COMPARISON BETWEEN RELIGIOUS GROUPS IN HELP-SEEKING BEHAVIOR

Methods We created a HELP Scale, based on the thematic analysis from the pilot study, to quantify the linguistic categories of help-seeking behaviors in the suffering narratives. This also allowed us to compare the frequency of linguistic variables in both Yi-Bimo and Yi-Christian narratives of suffering. The HELP Scale consists of six items inferred from the themes of the interviews from both sites—Strong-ties, Weak-ties, External manipulation, Internal manipulation, Secular self-help, Secular other-help. The operational definitions of these HELP categories are as follows:

1. Strong-ties: immediate family and tribal family (*jia men*), and blood-ties relatives.
 - * Code number of family members mentioned in process of helping.
2. Weak-ties: strangers, church members in the community, God. These are the people who didn't have blood ties to the interviewees, yet became close and built a relationship with them in the process of suffering. Friends/neighbors are excluded, because these are the existing relationships that can be found in both Yi-Bimo and Yi-Christian communities.

3. Coping based on external and concrete manipulations: the person manipulates his or her external resources to cope, such as religious rituals, magic, exorcism, etc.
4. Coping based on mental action and internal manipulations: the person manipulates his or her internal resources to cope, such as reliance on faith, virtues, prayers, positive self-talk (eg., stop thinking about it), cognitive-restructuring (e.g., detached), etc., which makes them feel better about the situations they are in.

** Code frequency of mental actions.

5. Secular help (others): medical treatment, hospitalization, government aid. No prior relationships are included.
6. Secular help (self): efforts/actions attempted by oneself to improve situations, for example: rest, striving. Only non-religious and not moral/virtue-based behaviors are included.

We coded each transcript following the protocol in Chap. 1. We then counted the frequency of each category and divided this by the total word count of each interview transcript to convert the raw scores into percentages for further statistical analysis.

Hypotheses According to Sundararajan's (2015) framework of ecological rationality, strong-ties communities privilege the in-group members for social support (e.g., blood-ties relatives), whereas weak-ties communities include out-group members in the support network. Furthermore, cognition has two orientations—internal versus external. In response to suffering events, those who are externally oriented would employ relatively more concrete action (such as hiring a religious specialist to perform rituals) and exhibit relatively low cognitive effort in problem-solving. In contrast, those who are internally oriented would employ mental action (such as prayer) and exhibit relatively high cognitive effort in problem-solving. Since the Yi community was by nature a strong-ties ethnic minority, we did not expect much difference between the Yi-Bimo and Yi-Christian groups in terms of seeking support from the family clan and relatives (item 1). However, since Yi-Christians were oriented to treat church members as family, we assumed there would be a significant difference between the groups as regards to item 2 (weak-ties) in the HELP Scale.

Hypothesis: When trying to cope with suffering, Yi-Christians would utilize both weak-ties and strong-ties in the community (e.g., church network) and rely on internal manipulation of religiosity (e.g., prayer, surrender to God) as resources, whereas Yi-Bimo would rely on strong-ties in the community (e.g., family, kinship) and external manipulation of religiosity (e.g., Bimo rituals).

To test this prediction, we used the HELP Scale to code suffering narratives collected from the two Yi communities. It was predicted that frequencies for the utilization of weak-ties (non-blood-related support system) and internal manipulations (e.g., prayer, endurance) would be relatively higher for the Christian group than the Bimo group; whereas frequencies for external manipulations (Bimo sacrificial rituals) would be relatively higher for the Bimo group than for the Christian group.

Results As we can see in Table 4.3, our predictions were fully supported by the results. As predicted, the Yi-Christian group utilized weak-ties networking via church membership more often than the Yi-Bimo group. One unique feature of the Yi-Christian group was their inclusivity of outsiders

Table 4.3 Differences in help-seeking behaviors between Yi-Christians and Yi-Bimo

	<i>Yi-Christians (n = 23)</i> (%)	<i>Yi-Bimo (n = 24) (%)</i>	
	<i>Mean (SD)</i>	<i>Mean (SD)</i>	<i>t value</i>
Strong-ties	0.28 (0.23)	0.25 (0.22)	0.41
Weak-ties	0.51 (0.41)	0.00 (0.00)	5.90**
External manipulation	0.00 (0.00)	0.25 (0.19)	-6.58**
Internal manipulation	0.58 (0.49)	0.01 (0.03)	5.54**
Secular help (others)	0.70 (0.37)	0.66 (0.43)	0.38
Secular help (self)	0.32 (0.26)	0.23 (0.18)	1.51

Note: * $p < .05$; ** $p < .01$

From Ting, S.-K., Sundararajan, L. K. W., & Huang, Q. B. (2017). Narratives of suffering: A psycholinguistic analysis of two Yi religious communities in Southwest China (Table 5, p. 246). *Research in the Social Scientific Study of Religion*, 28, 232-255. Reproduced with permission from BRILL

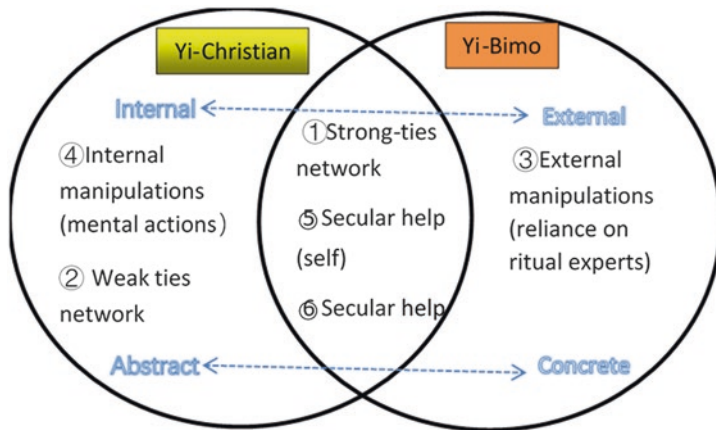


Diagram 4.1 Help-seeking methods of two Yi religious communities, as indexed by the HELP Scale. Note: Items in the overlapping area of the two circles did not show significant group difference

or strangers in their support network, which was an additional asset in times of turbulence and breakdown of the family network due to modernization and economic restructuring in rural China. We reflect on this issue further in Chap. 7.

Also as predicted, the two groups differed significantly on internal versus external orientation in help-seeking. The Yi-Bimo group utilized external manipulation, such as hiring religious specialists to perform rituals, relatively more often, while the Yi-Christian group resorted more often to internal manipulation, such as prayer and faith. The two groups did not differ significantly in seeking help from strong-ties, suggesting that the Yi-Christian group still retained some of their Yi heritage after their conversion to Christianity. The two groups did not differ significantly in seeking secular types of help, such as from the medical profession, workplace, neighbors and friends, and governmental welfare. Both also tried secular self-help methods and relied on positive virtues.

In this chapter, we have looked at help-seeking behaviors through the lens of social-ties, as an alternative to the individualistic Western notion of coping that has spawned various coping theories pertaining to religious

coping at the individual level. In a strong-ties society such as that of the Yi people, suffering events are normally shared by family members, as are resources needed to alleviate suffering. We have heard powerful and touching stories of how our Yi interviewees struggled with hindrances and injustice, yet still maintained resilience in the face of suffering. We were also told some tragic stories where help was neither accessible nor affordable, and the individuals from both sites were still suffering. As far as religious support and resources went, we found that Yi-Bimo and Yi-Christians access them through different help-seeking behaviors (see Diagram 4.1). The former relied on manipulation of external resources such as ritual experts in order to participate in the communal event of healing, whereas the latter sought manipulation of internal resources (e.g., prayer) or mental action in times of difficulty.

NOTES

1. Information source: <http://www.scfpym.gov.cn/show.aspx?id=48835>

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ONLINE RESOURCES

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