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Differences in Views on Life and Death Among Family Caregivers: A Q-Methodological Study

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Abstract

Despite the sheer number of family caregivers in China, this demographic has long been systematically neglected. As a critical variable in caregiving communication and ethical decision-making, caregivers' views on life and death have yet to be examined through a typological lens. This study aimed to uncover the underlying typological structure of Chinese family caregivers' perspectives on life and death, thereby providing an empirical foundation at the conceptual level for developing differentiated caregiving support systems. Using Q methodology, this study recruited 20 family caregivers as participants. A Q-set of 66 statements regarding perspectives on life and death was developed and analyzed using principal component factor analysis via the PQ Method software to identify the number and structure of subjective viewpoints, and in-depth interviews were conducted to interpret and label each identified type. Three stable types of perspectives on life and death were identified: (1) the Goal-Oriented Type, which takes family relationships as its core anchor, cherishes life without denying death, and maintains a clear sense of self-boundaries; (2) the Anti-traditional Secular Type, which takes individual sovereignty as its ethical starting point, opposes the meaningless prolongation of life, and emphasizes the autonomous construction of meaning amidst absurdity; and (3) the World-Affirming Relational Type, which is grounded in collective ethics, respects rules and the dignity of life, and realizes personal value through relationships. Although these three types exhibit significant differences in their cognition of life and death, they share a consensus statements across types on "respecting life and opposing nihilism." The perspectives on life and death among family caregivers are thus not a homogeneous background variable, but rather a typological structure distinguished by two ethical starting points: "individual sovereignty" and "collective ethics." This finding restores caregivers from mere "role expectations" to "persons" with independent moral agency, providing a theoretical premise for precision interventions in family caregiving communication and for cross-cultural typological dialogue on perspectives on life and death.

Keywords: indexviews on life and death; typology; Q methodology; family well-being

Corresponding author: Deshun Li, School of Journalism and Communication, Huaiyin Normal University, Huai'an, Jiangsu, China. Email: deshunl@hytc.edu.cn. © The Author(s), 2026. Published under the Creative Commons Attribution 4.0 International License (CC BY 4.0; https://creativecommons.org/licenses/by/4.0/), which permits use, distribution, adaptation, and reproduction in any medium, provided the original work is properly cited.

1 Introduction

At present, approximately 300 million older adults in China prefer home-based aging (Ma, 2026), yet the national shortage of certified care workers exceeds five million (Zhou, 2025), and this long-term care work, which demands professional skills, falls largely upon family members. Family caregivers have thus become an enormous hidden population operating outside the institutional medical system (Wang, 2018), while their labor rights remain systematically neglected. While fulfilling their filial duties, family caregivers are glorified by the social expectation of the 'filial child' role by their acquaintance-based society; at the same time, they face multiple predicaments, including impaired livelihoods, insufficient caregiving competence, and psychological strain (Xiong, 2014). Supportive research on family caregivers should not be confined to instrumental studies centered on caregiving behaviors (Xu et al., 2024); the complete personhood of caregivers, as workers in their own right, must not be overlooked.

The inevitable outcome of death is habitually discussed in negative terms in China (Yu et al., 2025), and the taboo against discussing death intensifies caregivers' anticipatory grief (Jia et al., 2024), a climate that simultaneously heightens the psychological pressure on both parties. If a nation's views on life and death constitute a core concept in the construction of collective identity, then an individual's views on life and death shape the modes of communication and ethical decision-making within caregiving, and further affect the quality of life and dignity of both patients and caregivers (Zhu, Zhang, et al., 2021; Ullrich et al., 2020). Research on caregiving ethics should treat patients and caregivers with equal care: by discerning the views on life and death held by specific populations, disseminating appropriate discourses of caregiver role expectations, and reducing caregivers' self-doubt (Qian et al., 2025), emotional and moral burdens can be alleviated and family well-being enhanced.

2 Theoretical background

Family caregiving is not a purely technical activity but a complex action driven by the caregiver's beliefs, ethics, and emotions. Views on life and death constitute a crucial component of the caregiver's belief system and are deeply embedded in the entire process of caregiving communication and ethical decision-making.

Davis et al. (2015) pointed out that caregivers' psychological distress and grief reactions are antecedent variables in the psychology of death communication, and that the caregiver's internal cognitive structure of death actively shapes the way they interpret and cope with caregiving situations. When caregivers lack a rational cognition of death, effective communication often becomes difficult, which in turn aggravates anxiety, identity crisis, and loss of meaning (Pessin et al., 2016), compromising the ethical quality of the caregiving relationship. Cui et al. (2024) confirmed that caregivers' perceptions of responsibility determine the skill strategies and behavioral patterns they adopt in caregiving practice. Beliefs not only shape the emotional experience of those involved but also translate into health outcomes through behavior.

Within the cultural context of Chinese rural society, traditional filial piety exerts a rigid normative constraint that profoundly shapes family caregiving behavior; however, the practical conditions for fulfilling these obligations are being gradually eroded (Zhang, 2024), leaving

caregivers struggling between maintaining filial devotion and letting go. This embodies the tension between traditional views of life and death and modern medical ethics. Chinese family caregivers' views on life and death are deeply rooted in cultural traditions and in the structures of social transition, bearing distinctive local characteristics.

Caregivers bear multiple role expectations in family caregiving situations, yet their own internal beliefs are frequently obscured by these external expectations. Existing research on caregivers, found mostly in the field of life-and-death education, tends to adopt homogenized narratives that treat caregivers as objects to be "intervened upon," presuming that caregivers ought to hold certain beliefs deemed correct. This is an externally imposed normative discourse that disregards what these individuals actually think, as well as the moral distress they experience when their behavior diverges from expectations.

Discussing caregivers' views on life and death by category is an acknowledgment that diverse thoughts coexist within this population; it is an effort to restore caregivers from "roles" to "persons," the core of which lies in relieving the unreasonable role expectations imposed upon them and restoring their dignity as independent subjects. A restorative research perspective liberates caregivers from the pressure of "how they ought to think" and asks what they actually think, and why. Typological research first acknowledges the legitimate diversity of beliefs, seeks to alleviate the external moral pressure they face, and identifies the internal logic of caregivers' beliefs, thereby providing more targeted grounds for medical and social support communication.

3 Method

3.1 Q Methodology

Subjectivity research methodology (Q methodology) provides a mature approach for the typological analysis of views on life and death. After analyzing the subjective cognitive structures regarding death among 30 older adults, South Korean scholars identified three types: the "fate-accepting type," the "religious-attachment type," and the "reality-emphasizing type" (Yun & Kang, 2019), demonstrating the method's effectiveness in extracting differentiated subjective cognitive structures within specific groups.

Q methodology was first proposed by the British psychologist William Stephenson in 1935 (Zhao & Le, 2003) and has been gradually applied across multiple disciplines since the 1980s; its advantage lies in allowing individuals to express subjective cognitions that are then systematically and quantitatively examined (Zang & Chen, 2023). In the field of clinical nursing, the most notable utility of Q methodology lies in understanding recipients' preferences in advance so as to provide refined nursing support (Zheng et al., 2024).

3.2 Participants

This study employed Q methodology to explore the views on life and death of family caregivers in mainland China, deriving a typology and analyzing the characteristics of each type. Participants were selected who had more than three months of family caregiving experience, totaling 20 individuals, mainly from Jiangsu Province, Zhejiang Province, Anhui Province, and Shanghai Municipality, ranging in age from 20 to 55 years.

3.3 Q-Sorting Procedure

The study first extracted statements concerning views on life and death, and then required participants to sort them according to a pre-specified sorting grid. From left to right (leftmost = 1, rightmost = 9), the grid represents a continuum from "strongly disagree" to "strongly agree," with each column permitting only a prescribed number of statements; participants were required to fill in the statement numbers according to the rules (Gu et al., 2023).

3.4 Q-Set Development

To compile the statement set (Q-set), the researchers first crawled 336 statements concerning life and death from mainstream Chinese social media platforms, retaining 52 statements after deduplication. Additional statements concerning life and death from folk and religious domains were then drawn from Confucian, Daoist, and Buddhist traditions, Christian belief, shamanic belief, and literary works. After repeated reading and categorization of the corpus, two pilot studies, and discussions with Q-methodology experts and health management experts, a final set of 66 statements was determined (see Table 1).

Table 1. Q-set statements on views of life and death

No.	Q statement	No.	Q statement
1	Accepting suffering is a manifestation of resigning oneself to fate	34	Physical or mental disability is common to all human beings
2	Care and love are the only way to resolve physical or mental disability	35	The value of life outweighs "wealth," "fame," and "empire"
3	Existence precedes essence	36	I believe that all things have a spirit
4	Human beings can, in essence, exist freely by transcending rules	37	Death is the normal state of the universe
5	I prefer to understand death through reason	38	The birth of life is merely a state triggered by chance
6	I would continuously pursue a lofty goal, even at the cost of my life	39	The final outcome of all things is dead silence and extinction
7	One should choose reason, knowledge, and goodness throughout life	40	Life is unknown, and therefore holds the meaning of exploring hope
8	One should size up the situation and, when necessary, keep a flexible moral bottom line	41	I would try hard to stay alive and would not readily choose suicide
9	The soul and the body are fundamentally opposed; death is the liberation of the soul from the body	42	Life and death carry value not only for the individual but also for others
10	The soul and the body are unified; there is no existence of the soul after death	43	All people are special beings
11	I would never choose death at any time	44	If given the choice, I would certainly choose to marry and have children
12	Being able to choose the manner and timing of confronting death is a blessing	45	Human life is resilient
13	Worldly pursuits—wealth amassed by greed, longevity attained through muddle-headedness, and fame traded for health—are undesirable	46	Human beings are fragile

No.	Q statement	No.	Q statement
14	I would try my best to protect myself and not make pointless sacrifices	47	Living is blind and meaningless
15	I feel sympathy and sorrow at human death	48	Health preservation is also a form of clinging to life and fearing death
16	I respect and uphold the dignity of living beings	49	I would consider preparing a will in advance
17	In the face of death, the collective outweighs the individual	50	When I am old and critically ill, I would not insist on continued resuscitation
18	History and the world are cyclical; similar events will recur	51	Human life is short
19	An individual's life is given by parents and by various collectives	52	Life is mysterious, with an ineffable beauty
20	Individuals must obey the state and the law	53	The individual can achieve immortality in no respect and will ultimately be forgotten
21	I believe in karma and reincarnation; this life lays the foundation for the next	54	Escape and self-preservation are also normal; one should not be strictly required to "dedicate oneself"
22	I cherish and respect life, and face death with calm composure	55	Life and death are fated; one need only live normally
23	Annihilation is the pinnacle of the art of life and death	56	Death is frightening
24	Life and death are not opposed; death is the completion of life	57	To live is simply to form connections
25	I can accept euthanasia	58	Life has no meaning or value
26	The world and I, society and I, have little or even no connection	59	I fear the death of others more than my own death
27	The world is absurd, and the individual is meaningless to the world	60	I dislike things associated with the number "four"
28	One needs to seek one's own meaning in an absurd world	61	The education system should not include death education
29	I do not belong to any collective, ideology, or individual	62	I care more about the process than the outcome
30	I dislike talking about death with others	63	I cannot face the fear before death, and I admire those who dare to take their own lives
31	I feel no pity for any death; death is merely a meaningless number	64	I feel abandoned by the world
32	Reason, the impulse of life's primal emotions, and the courage to face suffering and tragedy are all important and indispensable	65	I struggle merely to stay alive
33	I feel that the world as I know it is unreal	66	Setting aside material conditions, I would choose traditional in-ground burial and similar practices after death

3.5 Data Collection and Analysis

Data were collected from January to March 2025. Before the sorting task, participants were required to familiarize themselves thoroughly with the sorting rules: within the given 1-to-9 sorting grid, each column admitted only the prescribed number of statements. In total, 1,584 ranking data concerning the life-and-death statements were obtained. After the sorting data were aggregated, PQ Method software was used for data analysis. Principal component factor analysis was employed to identify eigenvalues, explained variance, and cumulative explained variance—three indices used to judge how many viewpoint types actually existed within the sample. The weight of each statement in each type was then calculated. Z-scores were computed to clarify the relationship between statements and types: the larger the Z-value, the stronger the agreement, and vice versa, with the absolute value indicating the degree of endorsement.

Factor analysis of the Q-sorts yielded three distinct viewpoint types. Each participant was associated with at least one type, and the high-scoring and low-scoring statements characterizing each type were obtained.

4 Results

4.1 Participant Characteristics and Distribution of Viewpoints

The 20 participants could be assigned to the three viewpoint types; their demographic characteristics are shown in Table 2.

Table 2. Demographic characteristics of participants

Type	Age	Gender	Marital status	Occupation	Education
Type 1 (n = 7)	22	Male	Unmarried	Design specialist	Bachelor's (Engineering)
Type 1 (n = 7)	23	Male	Unmarried	Student	Master's (Engineering)
Type 1 (n = 7)	31	Male	Divorced	Designer at an advertising company	Bachelor's (Arts)
Type 1 (n = 7)	27	Female	Unmarried	Finance professional	Associate degree
Type 1 (n = 7)	22	Male	Unmarried	Clerk	Bachelor's (Engineering)
Type 1 (n = 7)	28	Female	Married	Finance professional	Bachelor's (Humanities)
Type 1 (n = 7)	31	Male	Unmarried	Advertising designer	High school
Type 2 (n = 7)	52	Male	Married	Business manager	High school
Type 2 (n = 7)	23	Male	Unmarried	Student	Bachelor's (Humanities)
Type 2 (n = 7)	22	Male	Unmarried	Lawyer	Bachelor's (Humanities)
Type 2 (n = 7)	22	Male	Unmarried	Unemployed	Bachelor's (Humanities)
Type 2 (n = 7)	23	Female	Unmarried	Teacher	Bachelor's (Humanities)
Type 2 (n = 7)	22	Male	Unmarried	Student	Bachelor's (Science)
Type 2 (n = 7)	22	Male	Unmarried	Unemployed	High school

Type	Age	Gender	Marital status	Occupation	Education
Type 3 (n = 6)	48	Female	Married	Accountant	Technical secondary school
Type 3 (n = 6)	24	Male	Unmarried	Unemployed	Associate degree
Type 3 (n = 6)	23	Male	Unmarried	Technical worker	Bachelor's (Engineering)
Type 3 (n = 6)	23	Female	Unmarried	Student	Master's (Humanities)
Type 3 (n = 6)	40	Male	Married	Technical worker	Junior high school
Type 3 (n = 6)	23	Male	Unmarried	Office worker	Bachelor's (Arts)

4.2 Type 1: The Goal-Oriented Type

Viewpoint type 1 comprised seven participants (Table 3). Considering the most strongly endorsed and most strongly rejected statements together, the typical profile of this type is as follows: its members have lived with their families since childhood and attach the utmost importance to the presence of their family members; they do not deny that death lies far ahead and are mentally somewhat prepared for its arrival; their interpersonal relationships are stable; they have certain expectations of collectives but would not devote too much to them. They seek certainty in their relationships, maintain clear personal opinions, and possess a distinct sense of what they do not need. Moreover, under special circumstances they would spare no effort to protect themselves and maintain their current, satisfying life, and they hold clear goals for the future. From the perspective of views on life and death, this type was accordingly named the "Goal-Oriented Type."

Table 3. Viewpoint type 1: the Goal-Oriented Type

Q statement	Z-score	Direction
Q41 I would try hard to stay alive and would not readily choose suicide	1.66	Most endorsed
Q51 Human life is short	1.55	Most endorsed
Q14 I would try my best to protect myself and not make pointless sacrifices	1.53	Most endorsed
Q54 Escape and self-preservation are also normal; one should not be strictly required to "dedicate oneself"	1.25	Most endorsed
Q26 The world and I, society and I, have little or even no connection	-1.64	Most rejected
Q64 I feel abandoned by the world	-1.96	Most rejected
Q27 The world is absurd, and the individual is meaningless to the world	-2.02	Most rejected
Q47 Living is blind and meaningless	-2.41	Most rejected

4.3 Type 2: The Anti-traditional Secular Type

Viewpoint type 2 comprised seven participants (Table 4). They oppose traditional values such as "carrying on the lineage" and "the collective," and instead champion individual worth. At the same time, they acknowledge the limits of individual capability and advocate more comprehensive death education. In their view, death is less the disappearance of life than the disappearance of meaning in this life. Moreover, they worry more about what befalls themselves than about others' deaths: on the one hand, they invest time and energy in the construction of their own meaning; on the other hand, they fear losing control when confronted by collectives or

by the moment of death. From the perspective of views on life and death, this type was accordingly named the "Anti-traditional Secular Type."

Table 4. Viewpoint type 2: the Anti-traditional Secular Type

Q statement	Z-score	Direction
Q28 One needs to seek one's own meaning in an absurd world	2.29	Most endorsed
Q12 Being able to choose the manner and timing of confronting death is a blessing	1.87	Most endorsed
Q18 History and the world are cyclical; similar events will recur	1.63	Most endorsed
Q53 The individual can achieve immortality in no respect and will ultimately be forgotten	1.52	Most endorsed
Q44 If given the choice, I would certainly choose to marry and have children	-1.38	Most rejected
Q61 The education system should not include death education	-1.83	Most rejected
Q19 An individual's life is given by parents and by various collectives	-1.85	Most rejected
Q17 In the face of death, the collective outweighs the individual	-2.05	Most rejected

4.4 Type 3: The World-Affirming Relational Type

Viewpoint type 3 comprised six participants (Table 5). This viewpoint is characterized by valuing positive living in the present, respecting external rules, possessing a sense of mission, and regarding collectives as important to one's life. Its members do not fear death and experience no psychological dread, nor are they afraid of hardship; they cherish the good life of this world and hold that personal value derives from the nation. The type was accordingly named the "World-Affirming Relational Type."

Table 5. Viewpoint type 3: the World-Affirming Relational Type

Q statement	Z-score	Direction
Q16 I respect and uphold the dignity of living beings	1.86	Most endorsed
Q15 I feel sympathy and sorrow at human death	1.58	Most endorsed
Q25 I can accept euthanasia	1.52	Most endorsed
Q20 Individuals must obey the state and the law	1.46	Most endorsed
Q56 Death is frightening	-1.52	Most rejected
Q26 The world and I, society and I, have little or even no connection	-1.58	Most rejected
Q58 Life has no meaning or value	-1.88	Most rejected
Q01 Accepting suffering is a manifestation of resigning oneself to fate	-2.12	Most rejected

4.5 Consensus statements across types

The results of the jointly selected statements show that, while the three cognitive types differ enormously in their views on life and death concerning the self, they display unanimous affirmation of respect for life and unanimous rejection of the nihilistic denial of life's meaning (Table 6).

Table 6. Consensus statements across types

Q statement	Aggregate score	Position
Q16 I respect and uphold the dignity of living beings	163	Most endorsed
Q41 I would try hard to stay alive and would not readily choose suicide	160	Most endorsed
Q28 One needs to seek one's own meaning in an absurd world	159	Most endorsed
Q14 I would try my best to protect myself and not make pointless sacrifices	156	Most endorsed
Q27 The world is absurd, and the individual is meaningless to the world	74	Most rejected
Q31 I feel no pity for any death; death is merely a meaningless number	70	Most rejected
Q47 Living is blind and meaningless (reliability-test item)	64	Most rejected
Q58 Life has no meaning or value	63	Most rejected

5. Discussion and Future Directions

5.1 Family Caregivers' Views on Life and Death

After the number and types of viewpoints had been confirmed, follow-up interviews were conducted with members of each group to understand the factors shaping the formation of their beliefs—how they faced their own death and the death of their loved ones, and how they understood the relationship between self and collective.

First, Type 1, the "Goal-Oriented Type." A representative account held that family exerted the most profound influence on the formation of this participant's views: as long as family members did not strongly object, tthey adhere to their own values to prolong their family members' lives as long as possible, avoiding any rash abandonment of life. Regarding the relationship between the individual and the collective, this participant considered the notion of "collective" insufficiently precise, preferring to define collectives as the small groups intimately connected to themselves; they were willing to give to the collectives around them, but when facing larger collectives, they tended to protect themselves. At the level of their own life-and-death cognition, the Goal-Oriented Type is clear about its aims; at the level of family members' life and death, they do not think in an entirely patient-centered manner, but incorporate a greater cherishing of life and love of family.

Second, Type 2, the "Anti-traditional Secular Type." Interviewees likewise stressed the powerful influence of the family environment, but as a reverse-shaping force to which they strongly objected. On the question of "end-of-life care for family members," they believed that the wishes of the person concerned should be respected unconditionally. In handling the individual–collective relationship, they would first assess their own importance and the help the collective might offer: if the return were high, they might yield to the collective; if low, they would firmly safeguard themselves. They also held that an individual's contribution and a collective's return should be commensurate. Taken together, Type 2 strives to construct self-meaning in the present; at the level of family members' life and death, they oppose the meaningless prolongation of life and place the patient's wishes first at all times.

Finally, Type 3, the "World-Affirming Relational Type." Interviewees held that the influence of media ranked second only to that of family, describing themselves as influenced by domestic animation and campus literature, and endorsing unconditional respect for others' choices. On the collective–individual relationship, they believed that an individual's contribution and a collective's return need not be equal, and that more consideration should be given to those in difficulty. At the level of their own life-and-death cognition, Type 3 lives actively with external standards as their yardstick; at the level of family members' life and death, respecting the patient's choice is their first preference.

Although all types take "the patient as the center," the difference between Type 2 and Type 3 lies in how the starting point of respecting the patient is established. Type 2's starting point is individual sovereignty: they respect family members as they respect themselves, applying a principle of non-interference to family members' end-of-life care. Type 3's starting point is collective ethics: they respect family members as they respect the collective, fulfilling all prescribed responsibilities and virtues, and actively practicing end-of-life care for their family members.

5.2 Conclusion and Future Directions

This study identified that family caregivers' views on life and death are by no means monolithic; rather, they comprise three stable cognitive structures—the "Goal-Oriented Type," the "Anti-traditional Secular Type," and the "World-Affirming Relational Type"—which both echo cross-culturally the "fate-accepting," "religious-attachment," and "reality-emphasizing" types found by South Korean scholars among older adults and reveal distinctive local value orientations.

The three-type structure of views on life and death, together with its consensus statements across types, transforms such views from a vague background variable into identifiable typological findings amenable to dialogue. The inter-type differences show that no single ethical principle can cover the plural value positions of caregivers; the construction of knowledge systems must accommodate differences rather than flatten them, resonating with Zhu, Xie, et al.'s (2024) advocacy of cultivating death literacy in differentiated contexts.

Although the three types of caregivers share the value consensus of "respecting life and opposing nihilism," their starting points in end-of-life communication and ethical decision-making differ fundamentally—rooted in either individual sovereignty or collective ethics. This provides a conceptual-level explanation for understanding divergences in end-of-life decisions between caregivers and patients.

This study has not answered the question of "how beliefs translate into caregiving behavior." Future research should introduce longitudinal tracking on the basis of this typology, examining how the three types of views on life and death shape caregivers' decision tendencies, communication styles, and caregiving quality in real end-of-life situations, and probing the mechanisms through which beliefs influence behavior.

Views on life and death are not abstract notions detached from institutional environments; they are mutually constituted with each country's end-of-life care system, medical norms, and cultural traditions. The end-of-life decision norms centered on individual autonomy in Europe and North America differ structurally from the familism-oriented care ethics of East Asia. Even within East Asia, Korea and China differ in their hospice and palliative care practice. The two starting points

identified in this study—"individual sovereignty" and "collective ethics"—provide initial conceptual instruments for subsequent international comparison. Future research should test the three types in larger cultural samples, compare the formation pathways of caregivers' beliefs under different medical-institutional norms, and advance cross-cultural typological dialogue on views of life and death.

Competing interests

The author(s) declared no competing interests.

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