CHAPTER ONE
GENERAL INTRODUCTION

1.1. INTRODUCTION

According to Strydom (1998c: 422) the research proposal is the report in which the candidate initially sets down his problem in writing. In a proposal the problem formulation, the purposes, the methods and a tentative organisation of chapters will already be offered.

According to De Vos & Fouche (1998: 96) a research proposal is a plan for conducting a research study.

According to Neuman (1997: 488) a research report is a written document which communicates the methods and findings of a research project to others. The research report is more than a summary of findings; it is a record of the research process.

A research report is therefore a written document enabling the reader to trace the progress of a research project as well as the progress of attaining the initial goal of the research study.

The project undertook by the researcher was a qualitative study relating to the emotional needs of HIV/AIDS orphans. HIV/AIDS has assumed alarming epidemic proportions in the world today. The principal age group infected by this disease falls between the ages of 20 to 40 years. This has the effect that children not infected by the disease will be left behind as the head of the house and a breadwinner, at a stage in their lives when they should not have to be burdened with these responsibilities (LOVE LIFE, 2001: 10-11).

HIV/AIDS still has a great stigma attached to it, one reason being the method of transmittal. Having a parent die of this disease has a profound effect on a child. It is to be expected that these children will be isolated in their grieving process though they mostly have special emotional needs arising from the death of an HIV positive parent. The researcher assessed the emotional needs of the HIV/AIDS orphan through the utilization of gestalt play therapy techniques.

In this chapter attention will be focussed on the manner in which the research has been conducted with reference to the motivation for the choice of topic, goal of the study, problem formulation, pilot study, research design, ethical concerns, definitions of key concepts and divisions of the research project.

1.2 MOTIVATION FOR THE CHOICE OF TOPIC

As of late there has been a great deal of media coverage relating to HIV/AIDS in Southern Africa. Not only is there the perplexing debate surrounding the cause of AIDS, be it HIV or not, but also regarding the effectiveness and obtainability of drugs currently employed (Pretoria News, 2001, February; Pretoria News, 2001, May; HIV/AIDS conference, May 2001). Nkosi Johnson, a boy of 12 years, an HIV/AIDS sufferer, furnished HIV/AIDS with a face. This boy's speech broadcast nationwide had an immense impact on the researcher and invigorated an interest in this disease.

The researcher has completed a literature study relating to HIV/AIDS. The indication was that there was not ample focus on HIV/AIDS orphans and even less on the emotional needs of the HIV/AIDS infected community in Southern Africa. The researcher thus felt the need to address this problem since HIV/AIDS orphans' numbers are escalating alarmingly in South Africa.

According to the White Paper for Social Welfare no 1108 (1997: 89) young people, women, migrants, homosexual men, single parents, orphans, children of parents who are AIDS-ill and dependants in a household, are all vulnerable groups regarding HIV/AIDS, and therefore need to be focus groups in either service delivery or research projects.

Infected people experience considerable psychological stress, which is aggravated by the social stigma and by discrimination (White Paper for Social Welfare no 1108, 1997: 89). It also has a considerable impact on the household as a whole. Apart from financial stress, children suffer the death of one or both parents, and parents lose their adult children.

According to Madörin (2001: 1) more than one factor is responsible for the impairment of a child's intellectual and psychological development. The context in which the traumatic experience takes place seems to be more important than the experience itself. If favourable conditions can be created, then chances are that a child will be able to successfully overcome

the trauma of separation from a loved one. It is therefore important to identify the emotional needs of HIV/AIDS orphans, in order to provide the most appropriate treatment for them.

1.3 PROBLEM FORMULATION

HIV/AIDS is a fairly young epidemic that was identified in 1981. It is a disease that is primarily sexually transmitted and this has the result that people tend to be uncomfortable conversing over it. The life prognosis of a person with HIV/AIDS is bleak (Internet, 06/04/2001: 1)

HIV/AIDS has assumed epidemic proportions in South Africa. Statistics South Africa (2000: 35) published the first official indication of the extent of the HIV/AIDS epidemic in the country.

The following table (Statistics South Africa, 2000:35) illustrates the percentage of the population per province that was HIV positive in the period 1997-98. (Recent studies reveal that the current figure is far more inflated.)

Table 1. HIV prevalence per province - Antenatal survey findings

	Estimated % ,1997	**Estimated %, 1998**
Eastern Cape	12,6	15,9
Free State	20,0	22,8
Gauteng	17,1	22,5
Kwazulu-Natal	26,9	32.5
Mpumalanga	22,6	30,0
Northern Cape	8,6	9,9
Northern Province	8,2	11,5
North West	18,1	21,3
Western Cape	6,3	5,2
South Africa	**17,04**	**22,8**

HIV/Aids is a dilemma that is growing by the minute, not only does it have profound effects on the economy of South Africa, but also on the social well being of the country. It is estimated that by the year 2004, the number of children orphaned by AIDS may reach a startling million. A cumulative number of 1.1 million children will likely be orphaned by AIDS within the next five years, but since approximately one-third of infants born to HIV-positive mothers are infected, without treatment, some infants who are destined to be orphans will be diagnosed with AIDS themselves (Children affected and orphaned by HIV/AIDS: A Global perspective, internet: 06/04/2001). Thus the question arises as to the comparison between the emotional needs of these orphans and those of ordinary orphans.

Orphans are perhaps the most tragic and long-term legacy of the HIV/AIDS epidemic. Caring for them is one of the greatest challenges facing South Africa. By 2005 there are expected to be around 1 million orphans under the age of 15, rising to about 2.5 million in 2010 (LOVE LIFE, 2001: 10). The majority of these children will be children exceeding four years of age. Many orphans will grow up as street children or will form child-headed households to avoid being separated from siblings. Others will be brought up by grandparents with limited capacity to take on parenting responsibilities. All will have been traumatised by the illness and death of the parents and by separation from siblings. The stigma and secrecy surrounding HIV/AIDS will exacerbate trauma. This in turn hampers the bereavement process and exposes children to discrimination in their community and even in their extended family. Orphans are likely to be more susceptible to becoming HIV-infected through abuse, sex- work or emotional instability leading to high-risk relationships. As children grow up under these conditions, they are at high risk of developing antisocial behaviour and of becoming less productive members of society (LOVE LIFE, 2001: 10-11).

Due to the stigma that is associated with this epidemic, one can expect that these children will be isolated in their grieving process, or they might not be able to disclose all the facts regarding the parent's death and the feelings accompanied by this.

The researcher is of the opinion that the normal grieving process that is necessary for one to endure after the loss of a loved one would be influenced negatively by this kind of discrimination and the sigma attached to HIV/AIDS. This opinion is supported by Levine (in Dane and Levine, 1994: 8): "The cumulative effects...on surviving family members have been avoidance, shame and guilt. These attitudes are communicated to children either explicitly or implicitly. As a result, opportunities to grieve in appropriate ways and to be

supported in these expressions are few". The researcher is of the opinion that it is important to determine what the exact emotional needs of these children are, so that they can be addressed properly in the future.

1.4 GOALS

1.4.1 Goal

The goal of this research study is to assess the emotional needs of HIV/AIDS orphans.

1.4.2 Objectives

- To obtain a theoretical framework regarding the emotional needs of HIV/AIDS orphans and the middle childhood developmental phase.
- By utilising the empirical data determine what the specific emotional needs of HIV/AIDS orphans are.
- Through reference to the literature study and the empirical data, draw conclusions and make recommendations regarding the emotional needs of HIV/AIDS orphans to be incorporated in intervention.

1.5 RESEARCH QUESTION

According to De Vos & Van Zyl (1998: 267) the research question helps to narrow down the problem to a workable size.

The research question for this proposed study is:

What are the emotional needs of a HIV/AIDS orphans?

1.6 RESEARCH APPROACH

According to Schurink (1998: 239) an approach is a paradigm that determines the direction a research project will take from its commencement to the last step, that of writing a research proposal.

As previously mentioned the researcher implemented the qualitative approach throughout this research study. Qualitative research, according to Schurink (1998: 240) is defined as a multi-perspective approach to social interaction, aimed at describing, making sense of, interpreting or reconstructing this interaction in terms of the meanings that the subjects attach to it. Some people believe that qualitative data are ' soft', intangible, and immaterial. But according to Neuman (1997: 328) that is not necessarily the case; qualitative data is empirical. The reason for the choice of the qualitative research approach is that the most appropriate method of data collection for this research is that of the in-depth interview. The goal of the research is not to determine the quantity of emotional needs of HIV/AIDS orphans, but what the specific emotional needs of HIV/AIDS orphans are, which renders a qualitative approach more valuable.

1.7 TYPE OF RESEARCH

The type of research undertaken is that of applied research. According to Neuman (1997: 22) applied researchers try to solve specific policy problems or help practitioners accomplish tasks. Applied research is frequently descriptive research and its main strength is it's immediate practical use. The driving goal is to have practical payoffs or uses for results. The results of the research are most certainly of value to practitioners, since the findings of the research enables them to be aware of the specific emotional needs of HIV/AIDS orphans and in turn address those needs in intervention.

1.8 RESEARCH DESIGN

According to De Vos (1998: 42) a research design will enable the researcher to reach his goal and objectives. Thyer (in De Vos & Fouche, 1998: 77) defines a research design as a blueprint or detailed plan for how a research study is to be conducted. A research design is therefore a guideline that is used by the researcher to enable him to reach his goal and objectives.

The research design that was utilised is that of exploratory research. According to Neuman (1997: 19) the goals of exploratory research are the following:

- Become familiar with the basic facts, people, and concerns involved.
- Develop a well-grounded mental picture of what is occurring.
- Generate many ideas and develop tentative theories and conjectures.
- Determine the feasibility of doing additional research.
- Formulate questions and refine issues for more systematic inquiry.
- Develop techniques and a sense of direction for future research.

The researcher was interested in determining the special needs of HIV/AIDS orphans and has contemplated further research to develop a program designed to address these needs. Therefore the exploratory research design was the most valuable.

1.9 RESEARCH PROCESS

Utilisation of interviews for obtaining data is inherent in the behavioural sciences and in particular in the caring professions (De Vos and Fouche, 1998: 90). According to De Vos and Fouche (1998: 90) in qualitative research, three forms of interviewing can be differentiated, namely structured, unstructured and open-ended interviews.

Data was collected through the method of in-depth interviews. According to Crabtree & Miller (1999: 91) an interview is a special type of partnership and a communicative performance or event. It is a conversational journey with its own rules of the road.

The in-depth interview is a powerful qualitative research tool when the focus of inquiry is narrow, the respondents represent a clearly defined and homogenous bounded unit with an already known context, the respondents are familiar and comfortable with the interview as a means of communication and the goal is to generate themes and narratives (Crabtree & Miller, 1999:90). In-depth interviews primarily use open, direct, verbal questions that elicit stories and case-oriented narratives.

According to Crabtree & Miller (1999: 90) a structured approach in the qualitative research approach runs the risks of phrasing the researcher's own concerns into the mouths of the respondents and never giving voice to the interviewee's own perceptions and comprehension about his or her life experience. It also ignores the role of the interviewer in this comprehensive process. The in-depth interview (Crabtree & Miller, 1999: 90) is an option that accounts for these risks. The researcher is of the opinion that a structured approach therefore could not be utilised in this type of research as the interviewee's perception of his experience is the main focus of this study.

The research study that the researcher undertook is a qualitative study relating to the emotional needs of HIV/AIDS orphans with the specific goal of identifying those needs that play therapists can address in future intervention through the utilisation of gestalt play therapy. The researcher undertook in-depth interviews to obtain the data.

1.9.1 The process of conducting an in-depth interview

The following is a description of how an in-depth interview needs to be conducted (Crabtree & Miller, 1999: 96 - 101):

In-depth interviews are organized around an interview guide consisting of some relatively closed identifying questions and a few open and 'grand tour' questions, with associated prompts and/or probes and follow-up questions. The interview is commenced by a few rapport-building questions followed by the introduction of research themes through questions designed to elicit domains.

This is followed by introductory questions, which condition the interview. According to Crabtree & Miller (1999: 97) a good grand tour question engages the respondent in the topic identified. These questions are based on the categories discovered during the literature reviews and cultural category explorations.

The main interview is then conducted. The researcher's role is to assume a low profile but encouraging stance, to put the informant at ease, to acknowledge the value of the information and assign competence to the interviewee, to take on the role of the respondent, and to reinforce the continuance of the conversation to facilitate improvisational storytelling.

However, Rabie (1998: 282) is of the opinion that the in-depth interview is a type of interview technique that is less structured and gives the subject of the interview more freedom to direct the flow of conversation. Also according to Denzin & Lincoln (2000: 653) an in-depth interview is an unstructured form of interviewing.

The researcher agrees with the latter author since in gestalt therapy the play therapist focuses on what the child brings to the fore and a set interview schedule cannot be used. For the purpose of this research study an in-depth interview will be referred to as a play therapy session.

1.9.2 Practical adjustments for in-depth interviewing with children

As one does not conduct an interview with a child, the in-depth interview would be referred to in this research study as the therapeutic play therapy session.

The researcher is of the opinion that the therapeutic play therapy session with children took on a slightly different format, due to the uniqueness of a child as a client, in this case a respondent. The first and by far the most important aspect of therapeutic play therapy sessions with the particular respondents is the issue of trust. The researcher is of the opinion that as HIV/AIDS still has a great deal of stigma attached to it, trust is the biggest aspect that had to be established during these sessions. With this in mind the sessions did not take place on one occasion in order to maximise the establishment of a trust relationship and rapport.

The researcher is of the opinion that the child's natural form of communication, namely non-verbal communication, will have an influence on the way in which the therapeutic play therapy session will be conducted. The best manner in which information of the respondents'

experience of the topic will be gained is through the utilisation of gestalt play therapy techniques.

The researcher is of the opinion that the technique of projection of the gestalt therapy approach was the most appropriate to use during this research. According to Yontef (in Schoeman & Van Der Merwe, 1996: 64) projection is a confusion of self and other that results from attributing to the outside something that is truly self. Projection in a child can be established through the use of play forms. These include biblio-play; dramatic play and creative play (Schoeman & Van Der Merwe, 1996: 61). The researcher is of the opinion that due to the uniqueness of each respondent as an individual, a variety of projection techniques should be available for the respondents to choose from. However, the variety should be limited as too many toys can distract the respondent from the goal of the interview.

1.10. Pilot study

According to Strydom (1998b: 179) a pilot study can be viewed as the rehearsal of the main investigation. It is similar to the researcher's planned investigation but on a small scale.

1.10.1 Literature study

A literature study is aimed at contributing towards a better understanding of the nature and meaning of the problem that is being studied (Fouche and De Vos, 1998: 64). A literature study, according to Fouche and De Vos (1998: 65) may disclose that someone else has already performed essentially the same research; it provides a substantially better insight into the dimensions and complexity of the problem and a literature study equips the investigator with a complete and thorough justification for the subsequent steps, as well as with a sense of importance of the undertaking.

The literature study revealed that the research already undertaken in the HIV/AIDS domain mainly focuses on people with HIV/AIDS and the effectiveness of drugs for combating this disease. No research has been done with regards to the emotional needs of HIV/AIDS orphans.

National-, international and electronic resources were employed into determining which research has been done in the HIV/AIDS field. The Academic Information Centre of the

University of Pretoria assisted the researcher in determining whether any research of this nature has been conducted.

The literature study revealed that little has been done about HIV/AIDS affected children and that having a parent die of HIV/AIDS would certainly have an immense impact on the children.

1.10.2 Consultation with experts

According to Cilliers (in Strydom, 1998b: 181) the utilisation of experts can help to delineate the problem more sharply and to gain valuable information on the more technical and practical aspects of the research.

- **Me L. Nel -** The researcher consulted a social worker in private practice who is conducting her Master degree and doing her research on the grieving process of children in the middle childhood. She was contacted because of her expertise in dealing with mourning children of middle childhood and could provide valuable advice regarding these children.

- **Mr. J. van den Berg -** The researcher consulted the spokes' person of SA Care for life. This organisation cares for HIV/AIDS orphans. This person was contacted for his ability to point the researcher in the right direction to find respondents and also to offer his opinion of the problem.

- **Me L. Mashego -** The researcher consulted a social worker of the CMR in Soshanguve. This person was contacted because of her expertise with the black culture and could advise the researcher on how to approach the black culture in an optimal manner.

- **Me P. Learmonth -** The coordinator of Child Welfare's HIV/AIDS' project in the Gauteng area was consulted because of her expertise in the practice field of working with HIV/AIDS children and HIV/AIDS affected children.

1.10.3 Feasibility

The researcher was employed by Pretoria Child and Family Society. There were families in the caseload of this society that would meet the criteria for respondents for this research. Permission was granted by the organisation to conduct this research and by the legal guardians of these children. Access to these children was easy as they live in the geographical area of Pretoria and which is also the service delivery area of Pretoria Child and Family Society.

1.11.DEFINING UNIVERSE, SAMPLE AND METHOD OF SAMPLING

1.11.1 The universe of the research project

The population of respondents for this research study are all children in the geographical area of Pretoria, meeting the following criteria:

- In the age group of 7 to 13 years of age
- Boys and girls (Hence forth there will only be referred to the male gender, as to ease reading of the research)
- Multi-cultural
- Parent/s have succumbed to HIV/AIDS in the year prior to the study.

1.11.2 Sampling

Sampling, according to Neuman (1997: 201) is a process of systematically selecting cases for inclusion in a research project. A sample is more manageable and cost effective to work with than the pool of all cases.

The method of sampling that the researcher utilised in this research study was purposive sampling. This method is used in exploratory research. According to Neuman (1997: 206) this method of sampling uses the judgement of an expert in selecting the cases with a specific purpose in mind. The respondents were obtained from the co-ordinator of the HIV/AIDS project of the Pretoria Child and Family Society. The researcher idenitied five respondents for the purpose of this study. The criteria that was met for the purposive of this study were:

- In the age group of 7 to 13 years of age.
- Boys and girls.
- Multi-cultural.
- Parent/s have died of HIV/AIDS in the year prior to the study.

According to Neuman (1997: 206) one of the situations in which purposive sampling is appropriate is when the researcher wants to identify particular types of cases for in-depth investigation.

The researcher selected this type of sampling method in order to obtain a homogenous group of respondents in order to determine what the emotional needs of HIV/AIDS orphans in middle childhood would be.

1.12 ETHICAL ISSUES

According to Strydom (1998a: 24) ethics are a set of moral principles which is suggested by an individual or group, subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students.

The researcher is of the opinion that review of ethical issues is crucial when working with individuals. Ethical aspects are therefore a set of guidelines that will guide the researcher in conducting the research project in a proper and just manner.

The following ethical issues, identified by Strydom (1998a: 24-34), were considered in this research study: harm to experimental subjects and/or respondents; informed consent; deception of subjects and/ or respondents; violation of privacy; actions and competence of researchers; co-operation with collaborators; release or publication of the findings and the restoration of subjects or respondents.

1.12.1 Harm to experimental subjects and/or respondents

According to Dane (in Strydom, 1998a: 25) an ethical obligation is placed upon the researcher to protect subjects against any form of physical discomfort that may emerge from the research project. Emotional harm to subjects are often more difficult to predict and to

determine. The researcher believes that this research project did not harbour any harm for the respondents. The researcher conducted sessions with the respondents to work through their grief thereby identifying the emotional needs of these children were identified.

1.12.2 Informed consent

According to Strydom (1998a: 25) obtaining informed consent implies that all possible or adequate information on the goal of the investigation, the procedures which will be followed during the investigation, the possible advantages, disadvantages and dangers to which the respondents may be exposed, and the credibility of the researcher be rendered to potential subjects or their legal guardians. Consent from the children's legal guardian was obtained. An example of the letter of informed consent (See appendix three) is attached to this research report.

1.12.3 Deception of subjects and/or respondents

According to Loewenberg & Dolgoff (in Strydom, 1998a: 27) deception of subjects is the deliberate misrepresenting of facts in order to make another person believe what is not true, and violate the respect to which every person is entitled. The respondents and their legal guardians were informed of the true nature of the research.

1.12.4 Violation of privacy

According to Singleton (in Strydom, 1998a: 25) the right to privacy is the individual's right to decide when, where, to whom, and to what extent his or her beliefs, and behaviour will be revealed. The researcher is of the opinion that the respondents' privacy in this research study was protected, since the only information that was utilised is that which was revealed in the therapeutic play sessions. The respondents' names were changed in order to protect their identity.

1.12.5 Actions and competence of researchers

According to Strydom (1998a: 30) researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the proposed investigation. The researcher is certain that she is competent and adequately skilled, rendered thus by pre-graduate training and theory of play therapy as well as experience in play therapy. The BA (SW) degree and the theoretical modules of MA (SW) - Play Therapy have been completed successfully.

1.12.6 Release or publication of findings

According to Strydom (1998a: 32) the findings of the study must be introduced to the reading public in written form, otherwise even a highly scientific investigation will mean very little and not be viewed as research. The research study is introduced in a written form and a scientific article containing the main findings will be published. The respondents' identities are not revealed.

1.12.7 Restoration of subjects or respondents

Debriefing sessions during which subjects are afforded the opportunity (after the study) to work through their experience and its aftermath, is possibly one way in which the researcher can assist subjects and minimise harm (Judd in Strydom, 1998a: 33). The researcher is of the opinion that this holds true in the research study, as the process of intervention was followed - from beginning to evaluation/termination. Respondents that needed further intervention were referred to their relevant field social workers.

1.13 DEFINITION OF KEY CONCEPTS

1.13.1 HIV-virus and AIDS

Human Immunodeficency virus (HIV) that causes the Acquired Immune Deficiency Syndrome (Kalichman, 1995: 16).

According to LOVE LIFE (2001: 2) HIV is a virus. It causes AIDS. When the HIV virus is in the body it attacks the immune system. If the immune system is weak, the body can no longer fight illness. The person then acquires the AIDS-syndrome.

HIV is therefore a virus that attacks the immune system of the person affected with the virus. The person is then defenceless against any illness and will eventually die of related illnesses attacking the body.

1.13.2 Middle Childhood

Middle childhood is the developmental stage between the age of six years and twelve years. Freud refers to this developmental stage as the psychosexual stage and Erickson refers to this

stage as the period of industry versus inferiority (Louw, Schoeman, Van Ede & Wait, in Louw, 1996: 325).

Freud views this age group, according to Meyer, Moore & Viljoen (1994: 66) as that of the latent stage. A child in this age group, according to the theory of Freud, is concerned about learning the appropriate sex role identity (Meyer, Moore & Viljoen, 1994: 66).

According to Erickson (Meyer, Moore & Viljoen, 1994: 169) this period of industry versus inferiority stretches from the age of six years to approximately twelve years. Erickson submits that if this stage is not completed successfully, the child may develop feelings of inferiority.

A child in the middle childhood would therefore be between the age of 6 years and 12 years. During this stage the child must develop feelings of industry in order for the child to successfully transfer to the next developmental stage.

1.13.3 Gestalt play therapy

The Gestalt theory obtained its name from the German term for "unity". This concept cannot be translated directly into English, but the meaning can be understood.

Gestalt translates to 'whole' or 'configuration'. It refers to the fact that characteristics cannot be altered by the summation of the individual parts and/or their relationship (Thompson & Rudolph, 1996: 109). The term gestalt according to Carson, Butcher & Mineka (1996: 653) means 'whole', and gestalt therapy emphasizes the unity of mind and body. In other words, the unity of the person cannot be reduced to the sum of the parts.

A gestalt is formed as a new need comes into a person's foreground. It can be seen as a figure that is entering the foreground. When this need is acknowledged, the gestalt is destroyed and the figure disappears to the background. A new need can therefore enter the foreground. An unsatisfied gestalt can be seen as unfinished business (Thompson & Rudolph, 1996: 163).

According to Hoghugi, Lyons, Muckley & Swainston (1989: 157) the basic assumption of gestalt therapy is that individuals carry their feelings and needs to all the new situations that they encounter. It is thus believed that individuals carry past experiences to the present which often strain and distort the present experience. They rather focus on the significance of the 'here and now'.

Gestalt therapy assumes that the client must determine it's own course of life and should take responsibility. The focus must be on what the client is experiencing in the present moment and to eradicate the obstacles that hinders the client in his awareness of the ' here and now' (Corey, 1995: 293).

The purpose of gestalt therapy is therefore to create wholeness in a person, by making the person aware of what his/her needs are in the 'here and now'.

1.13.4 Orphans

According to Levine (in Dane and Levine, 1994: 3) the term orphan has been used in recent years to describe a child who has loss both parents. Throughout Western history it has been used to define a child who has lost one or both parents.

1.13.5 Assessment

Assessment forms an integral part of any helping relationship. The understanding gained through assessment provides both the helper and the client system with a clear indication of which course to take (Fouche & Delport, 1997: 44).

Assessment is seen is a continuous process whereby information is gathered regarding the client. Both the client and the therapist are involved in this process. Various techniques can be utilised in gaining this information which is needed to develop an appropriate intervention (compare Egan, 1994: 143; Engelbrecht, 1997: 133 and O'Conner & Ammen, 1997: 76).

Assessment is therefore an ongoing process of gathering information regarding the client whereby the therapist gains a clear picture of the situation that enables him or her to develop the most appropriate intervention.

1.14 LIMITATIONS OF RESEARCH STUDY

- The literature study revealed that in the past not much attention has been given to HIV/AIDS orphans and the way they are emotionally affected by this epidemic. The existing literature focuses mainly on the infected person and his/her psychosocial needs.

- The sample that was utilised in this research study was small. Five respondents from a predominantly coloured background were involved. Although the findings of this research study cannot be extrapolated generally to the broader population, valuable information was obtained. Further study of the different cultures' experience of an HIV/AIDS death however needs to be conducted.

- A lack of play therapy techniques exists that are designed especially for the previously disadvantaged cultures. The respondents were most at ease with the sandtray-technique and the clay-technique. Further study is required to design techniques best suited for the previously disadvantaged cultures.

1.15 DIVISIONS OF RESEARCH REPORT.

- Chapter one contains an outline of the research process including the following: motivation for the study, problem formulation, goals, research question, the research approach, research design and the pre-investigation process.

- Chapter two comprises a literature study pertaining to background information on HIV/AIDS.

- Chapter three comprises a literature study relating to the needs of the child in middle childhood.

- Chapter four comprises the empirical evidence from the research project.

- Chapter five comprises conclusions and recommendations.

16. SUMMARY

- A research report is a written document that enables the reader to follow the research study as well as enables the researcher to keep tract of the initial goal of the research study.

- There has been extensive media coverage relating to HIV/AIDS in South Africa. Not much focus in the literature has been given to HIV/AIDS orphans in the past.

- Orphans are perhaps the most tragic and long-term legacy of the HIV/AIDS epidemic. It is estimated that by 2010 there will be about 2.5 million HIV/AIDS orphans. Due to the stigma attached to this epidemic, one can expect that these orphans will be isolated in their grieving process, or they might not be able to disclose all the facts regarding the parent's death and the feelings accompanied by this.
- The goal of the research study is to assess the emotional needs of HIV/AIDS orphans.
- The research question for this research study is: *What are the emotional needs of HIV/AIDS orphans?*
- The qualitative research approach that was utilised is discussed.
- The manner in which attention is given to the ethical aspects of this research study, is discussed.
- The limitations were discussed.

CHAPTER TWO
HISTORICAL BACKGROUND TO HIV/AIDS

2.1 INTRODUCTION

A few decades ago a disease, previously unknown to the human race, entered this world. This disease produced panic, fear, guilt, hysteria, accusations, excruciating suffering and always, in the end, death. Now this disease has a name: HIV/AIDS, but still no cure has been found and one is only beginning to see the tip of the iceberg of the effects that this disease causes.

In this chapter a historical background to HIV/AIDS will be given with reference to the following aspects: definition of AIDS, the transmission of HIV, the different phases of HIV infection, the impact of HIV on the patient and the impact of HIV infection on affected significant others.

2.2 DEFINITION OF AIDS

AIDS is the acronym for Acquired Immune Deficiency Syndrome. The disease is acquired because it is not a disease that is inherited (Van Dyk, 2001: 4). The disease is caused by a virus (the human immunodeficiency virus or HIV) which enters the body form outside (Fultz, 1989: 3 and Van Dyk, 2001: 4). A debate regarding this matter was constantly in the South African Newspapers the past couple of months (Rapport, Sunday Times). Mr. Thabo Mbeki, South Africa's president, questioned whether or not HIV causes AIDS. For the purpose of this study, however, the assumption that HIV causes AIDS will be followed.

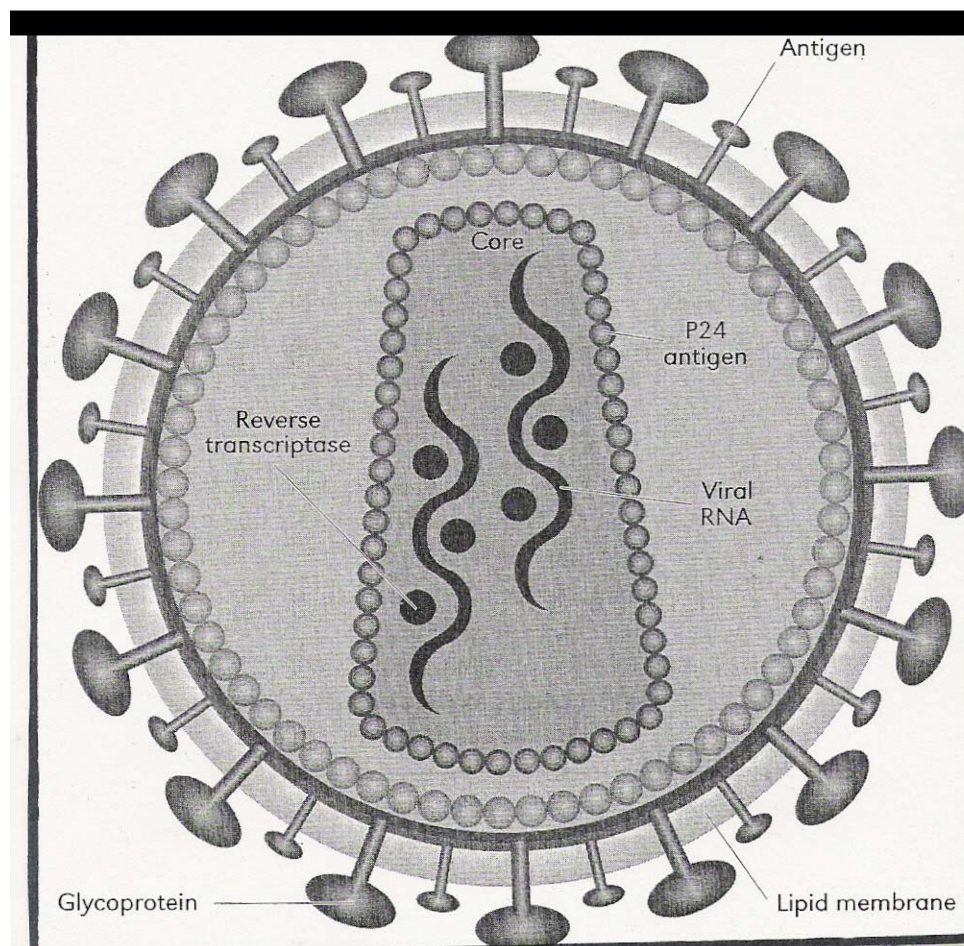
Although the term 'disease' is used when referring to AIDS, AIDS strictly speaking is not a specific illness. It is really a collection of many different conditions that manifest in the body (or specific parts of the body) because the HI-virus has weakened the body's immune system that it can no longer fight the pathogen that invades the body (Gordon & Klaud, 1991: 4 and Van Dyk, 2001: 4 – 5).

AIDS is therefore a syndrome, which is acquired by a virus, the HI-virus. This syndrome is characterized by the fact that the body's immune system is weakened leaving the body vulnerable to opportunistic diseases.

2.3 DEFINITION OF HI-VIRUS

The HI-virus is a virus that directly attacks and hijacks the most important defensive cells of the human immune system, the CD4 or the T-helper cells. As it does this, it slowly diminishes the total number of healthy CD4 cells in the body. Thereby undermining the ability of the human immune system to defend itself against attack from exterior pathogens (Compare McDougal, Allison, Mawle, Nicholson, 1989: 18; Nell, 1990: 16; Gould, 1993: 5 – 9 and Van Dyk, 2001: 7).

Figure 2.1 A model of the structure of the HI-virus (Van Dyk, 2001: 7)



The HI-virus is therefor a virus that enters the body and attacking the CD4 cells in the body, with the effect that the body's immune system is unable to defend itself against opportunistic diseases.

2.4 HISTORICAL BACKGROUND TO HIV/AIDS

HIV/AIDS and its' effects are known to the general public since the 1980's. In the medical field there is however conflict on when and where HIV/AIDS originated.

The first recognized case of the Acquired Immune Deficiency Syndrome occurred in America in the summer of 1981 when a rare form of pneumonia, and Kaposi's Sacrcoma (a rare form of skin cancer), suddenly appeared simultaneously in several patients. These patients had a number of characteristics in common: they were all young homosexual men with comprised immune systems (Elof, 1998: 5 – 7 and Van Dyk, 2001: 5).

Nell (1990: 14) holds the opinion that AIDS is not a new illness and mentions that some researchers claim that AIDS exists longer than presumed. Van Niftrik (in Nell, 1990: 14) claims that the HI-virus has its origin from slavery in the 16 th century Africa.

Van Niekerk (1991: 7), however, is of the opinion that AIDS is a new disease: " It now seems justified to say that AIDS is probably a new disease that results from an infection with a retrovirus called the human immunodeficiency virus, which causes a total breakdown of the body's natural immune system".

Elof (1988: 6) mentions that initially it was thought that the disease originated from Haiti, due to the fact that a large number of the first cases reported were from Haiti. Haiti is also a favourite holiday destination for homosexual men. At present it is thought that this disease originated in Central Africa.

At present there are two viruses associated with AIDS, namely HIV-1 and HIV-2. The characteristics of these two viruses might resolve some of the issues regarding the place of origin of the disease. HIV-1 is associated with infections in Central, East and

Southern Africa, North and South America, Europe and the rest of the world. HIV-2 was discovered in West Africa (Cape Verde Islands, Guniea-Bisscu and Senegal) in 1986 and it is mostly restricted to West Africa. All current indications are that while HIV-2 is as dangerous as HIV-1, it acts more slowly (Van Dyk, 2001: 5).

Although the literature offers different opinions as to where and when HIV/AIDS originated, they are in agreement that the first case was diagnosed in 1981 in a homosexual man and the fact remains that HIV/AIDS and its repurcussions affects every country in this world.

2.5 DEMOGRAPHIC IMPACT

The number of children orphaned by AIDS may reach one million by 2004. A cumulative number of 1.1 million children will likely be orphaned by AIDS within the next five years, but since approximately one-third of infants born to HIV-positive mothers are infected without treatment, some infants who are destined to be orphans will also be diagnosed with AIDS themselves (Children Affected and Orphaned by HIV/AIDS: A Global Perspective, 2001).

Data from UNAIDS shows that sub-Saharan Africa is disproportionately affected by HIV/AIDS. The most recent UNIAIDS/WHO estimates show that, in 1999 alone, 5.4 million were newly infected with HIV; 4 million of these new infections were in sub-Saharan Africa. With a total of 4.2 million infected people, South Africa has the largest number of people living with HIV/AIDS in the world (HIV/AIDS in Southern Africa, 2001).

AIDS will not halt population growth, nor cause populations to fall. What it will do, in some regions, is to slow the rate of population growth and alter the structure of the population. Of particular concern is the increased mortality in the 20-40 year age group. This has the effect of reducing the working age population and increasing the dependency ratio (An introduction to HIV/AIDS, 2001).

One can then safely assume that every person that is working in the mental health and health profession will encounter HIV-infected and affected people. HIV/AIDS is therefore a syndrome that every social worker will encounter and it is therefore impreritive to obtain useful knowledge relating to this problem.

2.6 THE TRANSMISSION OF HIV

The HIV virus is transmitted primarily through sexual intercourse, whereby HIV-infected blood is passed directly into the body of another person, or when a mother infects her baby during pregnancy, childbirth, or as a result of breastfeeding. HIV has been identified in various body fluids but it is especially highly concentrated in blood, semen and vaginal fluids. Although HIV is present in saliva, tears, sweat and urine, the concentration of the virus in these fluids are very low (compare Elof, 1988: 19; Nell: 1990: 21; Evain, 1995: 15 and Van Dyk, 2001: 19).

There are mainly three ways in which HIV is transmitted from one person to another (compare Elof, 1988: 19; Nell: 1990: 21; Evain, 1995: 15 and Van Dyk, 2001: 19), namely:

2.6.1 Sexual intercourse with a HIV-infected person

HIV infection is sexually transmitted primarily through unprotected vaginal or anal intercourse and through oral sexual contact under certain conditions. Because the membrane linings of body cavities – especially in the anal-rectal area, and to a lesser extent, in the vagina – are very delicate, they can be torn as a result of friction generated during sexual intercourse. Such tears make it easy for the virus to enter the sex partner’s bloodstream – either through the tears or mixing with blood from larger tears.

2.6.1.1 Heterosexual contact

Women are more likely than men to contract HIV during vaginal intercourse. One of the reasons for this is being that women are exposed to semen for a longer period of

time than a man. There may also be a higher viral concentration in semen than in vaginal fluids.

Individuals who have other sexually transmitted diseases are particularly prone to HIV infection. The reason for this is that the presence of inflammatory cells increases the possibility of transmission.

2.6.1.2 Homosexual contact

Approximately seventy percent of all AIDS-cases worldwide fall in this category (Nell, 1990: 2). Elof (1988: 19) is of the opinion that the reason for this is due to the high promiscuity in certain homosexual groups. The thin wand of the rectum can easily be damaged during intercourse. The skin of the penis is very thin, allowing small quantities of blood and/or semen to be infiltrated (Elof, 1988: 19).

2.6.2 Transmitting HIV through contaminated blood

The HI-virus can be transmitted from one person to another when a person receives HIV-contaminated blood in the form of a blood transfusion, when he or she uses surgical needles which are contaminated with HIV-infected blood to inject substances, or when he or she is injured by blood-contaminated needles, syringes, razor blades or other sharp instruments.

2.6.2.1 Blood transfusion and blood products

According to the World Health Organization (WHO, 2000 a), there is a 90 – 95% chance that a person receiving blood from an HIV-infected donor will become infected themselves. All donated blood should therefore be screened for HIV antibodies. Blood tests are unfortunately not 100 % accurate. The ‘window’ period (the period after infection but before antibodies are formed) (Van Dyk, 2001: 24) still poses a problem for blood transfusion services. Infected blood donated in the ‘window’ period will not reveal the presence of antibodies in a blood test.

2.6.2.2 Blood-contaminated needles, syringes and other sharp instruments

HIV can be transmitted through contaminated needles and sharp instruments in hospitals or in clinics either accidentally or where standards of medical hygiene are low. It can also be transmitted during tattooing, ear piercing and contact with infected blood at the scene of an accident. An example of the latter is as follows: ‘A soccer player from Italy tested positive for HIV after he and a HIV player’s heads bumped against one another in a match and both player’s heads bled a lot’ (Beeld, 5 May 1990: 3). When indigenous tribal rituals require incisions to be performed on a person, the people performing these operations sometimes use HIV-contaminated razor blades or sharp instruments.

2.7 VERTICAL TRANSMISSION

Mother-to-child transmission of HIV is one of the major causes of HIV-infection in children. It is estimated that about 600 000 children are infected in this way each year (WHO, 2000 a). HIV can be transmitted from an infected mother to her baby either via the placenta during pregnancy, blood contamination during childbirth, or through breast feeding.

2.8 MYTHS ABOUT TRANSMISSION

According to Van Dyk (2001: 32 – 33) the following are myths regarding HIV transmission:

- Airborne routes such as coughing and sneezing.
- Casual skin contact such as handshaking, hugging and touching.
- Sharing food, water, plates, cups, spoons, toilet seats, showers or baths with an HIV-infected individual.
- Public swimming pools.
- Pets or insects such as mosquitoes, bedbugs and moths.
- Playing team sports – provided that there is no contact with blood.
- Sharing telephones, drinking fountains and public transport with HIV-infected people.

- Living with an AIDS patient and sharing household equipment.
- Normal (dry) kissing.
- Some people erroneously believe that they will not get AIDS or that AIDS can be cured if they have sex with a very fat woman, virgins, girls younger than 12 years of age or with very young boys.

Beliefs such as these may be the cause of abhorrent criminal behaviour and can also result in HIV-infection being spread like wildfire.

HIV is transmitted in three different manners: Sexual intercourse with an HIV-infected person, through contaminated blood and vertical transmission. Myths regarding the transmission of HIV still exist which contribute to the stigma surrounding the disease. These myths spread because of the fear people harbour about HIV/AIDS and due to a lack of education regarding this illness.

2.9 THE DIFFERENT PHASES OF HIV INFECTION

According to Van Dyk (2001: 36) HIV infection cannot be precisely demarcated into separate and distinct phases with easily identifiable boundaries, but in theory the following phases occurs (Compare Gordon & Klaud, 1991: 5 –9; Adler, 1993: 55; Libman & Witzburg, 1993: 404; Schoub, 1994: 31 and Van Dyk, 2001: 36-41).

2.9.1 The primary HIV infection phase

This phase begins as soon as sero-conversion has taken place – a person has an HIV positive status. It usually occurs 4 – 8 weeks after an individual has been infected with the HI-virus. Approximately 30% - 60% of people infected with HIV will develop a glandular fever-like illness, and the symptoms of this fever will usually last between one and two weeks. This phase lasts for approximately three months (Compare Gordon & Klaud, 1991: 5 – 9; Adler, 1993: 55; Libman & Witzburg, 1993: 404 and Schoub, 1994: 31).

2.9.2 The asymtomatic latent phase

In this phase an infected person displays no symptoms. HIV-infected people can remain healthy for a long time, show no symptoms and carry on with their lives in a normal way (Compare Gordon & Klaud, 1991: 5 – 9; Adler, 1993: 55; Libman & Witzburg, 1993: 404; Schoub, 1994 and Van Dyk, 2001: 37).

HIV/AIDS has a long incubation period. People who are infected by the virus may have many years of productive, normal life, although they can infect others during this period. It is not certain how long this latent period is; estimates range from five to fifteen years, with the shorter period being found in the developing world where people are less healthy and under nourished (An introduction to HIV/AIDS, 2001).

2.9.3 The minor symptomatic phase

Minor and early symptoms of HIV usually manifest during this phase. The minor symptomatic phase commences when people with HIV antibodies begin to present with one or more of the following symptoms:

- mild to moderate swelling of the lymph nodes in the neck, armpits and groin
- occasional fevers
- *Herpes Zoster* or shingles
- skin rashes, dermatitis, chronic itchy skin, fungal nail infections
- recurrent oral ulceration
- recurrent upper respiratory tract infections
- weight loss of up to 10 % of the person's original body weight
- malaise, fatigue and lethargy.

2.9.4 The major symptomatic phase of HIV infection and opportunistic disease

Major symptoms and opportunistic diseases begin to appear as the immune system continues to deteriorate. At this point, the CD4+ cell count decreases immensely, while the viral load increases inversely. The following symptoms are usually an indication of advanced immune deficiency:

- Persistent and recurrent oral and vaginal candida infections.

- Recurrent herpes infections such as cold sores.
- Recurrent shingles.
- Bacterial skin infections and skin rashes.
- Intermittent or constant unexplained fever that lasts for more than a month.
- Night sweats.
- Persistent and intractable chronic diarrhea that lasts for more than a month.
- Significant and unexplained weight loss.
- Generalised lymphadenopathy.
- Thickened white patches on the side of the tongue.
- Persistent cough and reactivation of tuberculosis.
- Various opportunistic diseases (Compare Gordon & Klaud, 1991: 5 – 9; Adler, 1993: 55; Libman & Witzburg, 1993: 404 and Schoub, 1994).

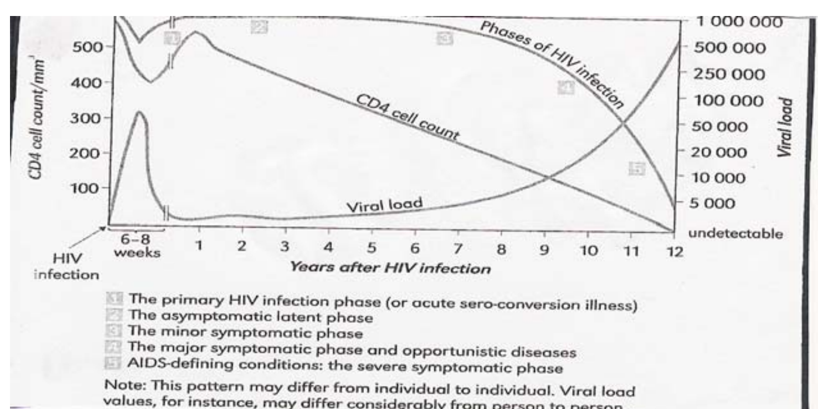
2.9.5 AIDS-defining conditions: the severe symptomatic phase

Only when patients enter the final phase of HIV infection can they be said to have full-blown AIDS. It usually takes about 18 months for the major symptomatic phase to develop into AIDS.

In the final stage of AIDS the symptoms of HIV disease become more severe; patients become infected by relatively rare and unusual organisms that do not respond to antibiotics; the immune system deteriorates exponentially; and more persistent and untreatable opportunistic conditions and cancers begin to manifest (Compare Evain, 1995: 15 and Van Dyk, 2001: 67)

Figure 2.2 gives a graphic illustration of the progression of HIV/AIDS.

Figure 2.2: The relationship between a person's CD4 cell count, viral load and phases of HIV infection (Van Dyk, 2001: 67)



In conclusion it can be said that HIV-infection progresses through five different phases until a patient has full-blown AIDS. A person with HIV can live for years, without presenting any symptoms that would reveal that the person has HIV, before the disease will takes its full course. During the last phase of HIV/AIDS the HIV-infected person is totally vulnerable to any type of disease and ultimately the HIV-infected person will die from the opportunistic diseases and not from HIV.

2.10 THE IMPACT OF HIV ON THE PATIENT

HIV infected people often have the following psychosocial, spiritual and socioeconomic experiences and needs (Schwartz, 1986: 15 – 31 and Van Dyk, 2001: 256 – 259):

2.10.1 Fear

HIV-infected people experience many fears. They are particularly fearful about being isolated, stigmatized and rejected. Fear may also be the result of not knowing enough about HIV infections and how the problems can be handled. They often do not disclose their medical problems or symptoms for fear that they would then be sentenced to an isolated death.

2.10.2 Loss

Patients experience loss of control, loss of autonomy, loss of their ambitions, their physical attractiveness, sexual relationships, status and respect in the community, financial stability and independence. They fear the loss of their ability to care for themselves and their families and they fear the loss of their jobs, their friends and family.

2.10.3 Grief

HIV sufferers endure profound feelings of grief about the losses they have experienced or are anticipating. They grieve for their friends who have died from AIDS, and they grieve with and for their loved ones – those who must stay behind and try to cope with life without them.

2.10.4 Guilt

They often feel guilty about the behaviour that may have led to the infection. There is also guilt about the sorrow that the illness will inflict on loved ones and families, especially children.

2.10.5 Denial

Individuals should be allowed to cling to their denial if they are not yet ready to accept their diagnosis because denial often provides them a space in which to breathe, rest and gather their strength. If denial however causes the individual to enter in destructive behaviour, denial should be confronted.

2.10.6 Anger

HIV-infected people are often very angry at themselves and others, and this anger is sometimes directed at the people who are closest to them.

2.10.7 Anxiety

HIV-infected people often experience anxiety because of the prognosis of the illness, the risk of infection with other diseases, the risk of infecting loved ones with HIV, social, occupational, domestic and sexual hostility and rejection, abandonment, isolation, and physical pain, fear of dying in pain or without dignity, inability to alter circumstances and consequences of HIV infection, uncertainty about how to keep as healthy as possible in the future, fears about the ability of loved ones and family to cope, worries about medical treatment, a loss of privacy and concerns about

confidentiality, future social and sexual unacceptability, their declining ability to function efficiently, and their loss of physical and financial independence.

This higher level of distress, depression and anxiety is attributed primarily to a higher degree of uncertainty associated with this diagnosis.

2.10.8 Low self-esteem

Rejection by colleagues, friends and loved ones can cause one to lose confidence and a sense of one's social identity. The inability to pursue in a career or to participate in social, sexual and loving relationships also diminishes' the individual's self-esteem.

2.10.9 Depression

The following factors all serve to increase depression in HIV-infected people: the absence of any cure and the resulting feeling of powerlessness, knowing others who have died of AIDS, the loss of personal control over their lives, self-resentment and feelings of guilt.

2.10.10 Suicidal behaviour or ideation

The degradation, the variety of dehumanizing experiences, the pain, and the lack of hope have led many to consider suicide. Inwardly directed anger may manifest as self-resentment, self-destructive behaviour or suicidal impulses or intention.

2.10.11 Obsessive conditions and hypochondria

Some HIV-infected individuals become so preoccupied with their health that even the smallest physical changes or sensations may result in obsessive behaviour or hypochondria.

2.10.12 Spiritual concerns

HIV-infected people who are confronted with death, loneliness and loss of control often ask questions about spiritual matters in their search for religious support. They may want to discuss the concepts of sin, guilt, forgiveness, reconciliation and acceptance.

2.10.13 Socio economical issues

Loss of an occupation and income, discrimination, social stigma, relationship changes and changing requirements for sexual expression may contribute to psychosocial problems after diagnosis of HIV-infection.

HIV-infected people are affected psychosocially, spiritually and socioeconomically by their infection, which renders them unable to attend to the needs of the significant others (especially children) around them.

2.11 THE IMPACT OF HIV INFECTION ON AFFECTED SIGNIFICANT OTHERS

The significant others in an infected person's life play an important role in the person's physical and psychological care. According to Van Dyk (2001: 259), however these people often themselves need help to come to terms with their own fears and prejudices and the implications and consequences of their loved one's sickness and ultimate death.

Affected significant others experience more or less the same psychosocial feelings as do their HIV-positive loved ones – the same feelings of depression, loneliness, fear, uncertainty, anxiety, anger, emotional numbness and, at times, hope (Van Dyk 2001: 260).

The impact of HIV infection on affected others can be summarised as follows (Makelin, 1989:102; LOVE LIFE, 2001: 10-11 and Van Dyk, 2001: 260 –261):

- They often experience fear and anxiety about their own risk of infection as a result of their relationship with the HIV-positive person.
- Affected others are often furious with the infected person for *'placing this burden upon them'*
- Affected others begin to anticipate the loss of the HIV-positive person and issues of loss, bereavement and uncertainty
- Children suffer tremendously when their parents are infected, and the needs of children with infected parents are often neglected. Children are largely excluded from the counselling process in Africa because caregivers often simply do no know how to talk to children.
- Affected others' needs are similar to those experienced by the HIV-infected person. These needs are acceptance, respect, certainty, affiliation, support, love and caring.
- There is a disturbance of the roles that the family members portray. This has the effect that the children, who are not infected by the disease, will be left behind as head of the house and a breadwinner, at a stage in their live when they should not have to have these responsibilities.

2.12 CONCLUSION

- AIDS is a syndrome, which is acquired by a virus, the HI-virus. This syndrome is characterized by the fact that the body's immune system is weakened leaving the body vulnerable to opportunistic diseases.

- The HI-virus is therefore a virus that enters the body, infiltrates the CD4 cells in the body, with the effect that the body's immune system is unable to defend itself against opportunistic diseases.

- Although the literature is divided in opinions as to where and when HIV/AIDS originated, they do agree that the first case was diagnosed in 1981 in homosexual men and the fact remains that HIV/AIDS and its effects affects every country in this world.

- A cumulative number of 1.1 million children will likely be orphaned by AIDS within the next five years, but since approximately one-third of infants born to HIV-positive mothers are infected without treatment, some infants who are destined to be orphans will also be diagnosed with AIDS themselves.

- There are three main ways in which HIV is transmitted from one person to another: sexual intercourse with an HIV-infected person, transmitting HIV through contaminated blood and vertical transmission.

- HIV-infection progresses through five different phases until a patient will have full-blown AIDS. A person with HIV can live for years without presenting any symptoms that would reveal that the person has HIV, before the disease will take its full course. During the final phase of HIV/AIDS the HIV-infected person is totally vulnerable to any type of disease and ultimately the HIV-infected person will perish from the opportunistic diseases and not from HIV.

- HIV-infected people are affected psychosocially, spiritually and socioeconomically by their infection, which leaves them inadequate to attend to the needs of the significant others, especially children, around them.

- The impact of HIV infection on affected others can be summarised as follow
  - They often experience fear and anxiety about their own risk of infection as a result of their relationship with the HIV-positive person.
  - Affected others are often furious with the infected person for ‘placing this burden upon them’
  - Affected others begin to anticipate the loss of the HIV-positive person and issues of loss, bereavement and uncertainty.
  - Children suffer tremendously when their parents are infected, and the needs of children with infected parents are often neglected. Children are largely excluded from the counselling process in Africa because caregivers often simply do no know how to talk to children.

- Affected others' needs are similar to those experienced by the HIV-infected person. These needs are acceptance, respect, certainty, affiliation, support, love and caring.
- There is a change in the roles that the family members portray. This has the effect that the children, who are not infected by the disease, will be left behind as the head of the house and a breadwinner, at a stage in their live when they should not have to have these responsibilities.

CHAPTER THREE
MIDDLE CHILDHOOD

3.1 INTRODUCTION

Middle childhood is the developmental stage between the age of six years and twelve years. Freud refers to this developmental stage as the psychosexual stage and Erikson refers to this stage as the period of industry versus inferiority (Louw, Schoeman, Van Ede & Wait, 1996: 325). Freud views this age group as that of the latent stage (Meyer, Moore & Viljoen, 1994: 66). A child in this age group, according to the theory of Freud, is concerned about learning the appropriate sex role identity.

According to Erickson (Compare Moore & Viljoen, 1994: 169; Meyer, Bigner, 1998: 315 and Benokratis, 1999: 302) this period of industry versus inferiority stretches from the age of six years to approximately twelve years. Erickson is of the opinion that if this stage is not completed successfully, the child may develop feelings of inferiority.

A child in middle childhood would therefore be between the age of six years and 12 years. During this stage the child must develop feelings of industry in order for the child to successfully transfer to the next developmental stage. In the chapter that follows a brief description of a child in middle childhood will be given, with reference to the physical -, cognitive -, moral -, emotional -, social -, and personality development, as well as to the family's role in middle childhood.

3.2 THE CHILD IN MIDDLE CHILDHOOD

3.2.1 Developmental tasks

Developmental tasks, according to the Developmental-Task theory of Robert J. Havighurst, are those things that constitute healthy and satisfactory growth in society. They are the things a person must learn if he or she is to be judged and to judge him – or herself to be a reasonably happy and successful person (Thomas, 1992: 78).

Middle childhood is characterised by three significant outward drive and growth motions, namely: social movement outward from the family towards the peer-group; the physical movement towards a world of play and labour; and the psychic movement towards a world with adult concepts, logic, symbolism and communication Bender (2000: 33).

The following are developmental tasks that the child in middle childhood needs to complete:

- Establishing a sense of industry versus inferiority.
- Further development of fine motor skills and other physical skills that are necessary for basic play, for example catching, throwing, and kicking.
- The development of a positive self-concept: the child needs to develop positive views and habits relating to hygiene, neatness, safety, sexuality, health, eating habits, and sleeping patterns. The child also needs to develop greater self-knowledge.
- The child must develop skills aimed at achieving healthy relationships with his contemporaries and the art of give and take in a relationship.
- The child must learn how to fulfill the masculine or feminine role in an applicable manner. He or she must learn how to either be a girl or a boy and to fulfil the expected and approved role.
- The child must acquire the basic skills that are expected of school children, for example reading, writing, and arithmetic. The development of concrete-operational thoughts should take place.
- Developing concepts that are necessary for everyday life must take place.
- A conscience, pre-conventional morality and value-system must develop.
- The child must be able to become independent.
- The development of attitude towards social groups or institutions and expenditure of social interaction (Compare Du Toit & Kruger, 1991: 100 - 123; Louw, Schoeman, Van Ede & Wait, 1996: 326; Bigner, 1998: 314 and Bender, 2000: 33-34).

The developmental tasks of the child in middle childhood can be summarised as follows: the child needs to gain skills in order for him to function independently of his family in a school environment. They are challenged by a variety of developmental

tasks that focus on social, cognitive, emotional and physical skills that lead to increased maturity.

3.2.2 Developmental characteristics

3.2.2.1 Physical development

3.2.2.1.1 General physical development

Physical development during middle childhood is less erratic and less turbulent than that of early childhood or adolescence (Cunningham, 1993: 192). The physical development in middle childhood is influenced by a number of factors, namely: the child's sex, diet, health, nationality and genetic factors. Girls for example develop faster in length and weight than boys do during this developmental phase. One of the prominent physical developments is that of the arms and legs that are growing rapidly during this stage. The length and mass of a child in middle childhood increases approximately by 6 centimetres and 2 kilograms annually. Girls have more fatty tissue than boys do and black children tend to be slightly larger than white children. At age 10 the average boy weighs 31 kilograms and the average girl 33 kilograms (Compare Cunningham, 1993: 192, Louw, Schoeman, Van Ede & Wait, 1996: 326, Bender, 2000: 26 and National Network for Child Care, 2001)

According to Turner and Helms (in Louw, Schoeman, Van Ede & Wait, 1996: 326) the following physical changes also take place:

The brain reaches its mature weight and size.
The breathing is deeper and slower.
The heart is smaller in relation to the rest of the body.
Milk teeth are replaced by permanent teeth

The general physical development in middle childhood can be summarised as less erratic. Noticeable differences between the different sexes occur, with a girl appearing to be growing faster than a boy. The growth of arms and legs during this phase are the most prominent development.

3.2.2.1.2 Motor skills

According to Newman and Newman (in Louw, Schoeman, Van Ede & Wait, 1996: 328) obtaining and refining of a variety psychomotor skills are the most outstanding developmental characteristics of this developmental stage. Balance and elegance of body movement improves. Children of this age group enjoy running, jumping, skipping, cycling, swimming, kicking ball, ballet and other sports (Louw, Schoeman, Van Ede & Wait, 1996: 328). Motor development is, according to Bender (2000: 2), dependent on the total physical development of the child.

According to Louw, Schoeman, Van Ede and Wait (1996: 330) motor development is conducive to various aspects of personality development. The ability to write, draw, to paint and to play musical instruments becomes possible on the intellectual development level. Children's social development is enhanced through their activities in sport.

The achieving and refining of a variety of psychomotor skills are the most outstanding developmental characteristics of this developmental stage.

3.2.2.2 Cognitive development

The typical child in this developmental phase, according to Louw, Schoeman, Van Ede & Wait (1996: 330), will spend most of the day in school and therefore improvement of the cognitive skills can be expected. Cognitive development during middle childhood, according to Cunningham (1993: 198), is marked by a reduction in the problems related to thinking found in the pre-school era.

Piaget calls this period "the concrete operational period", because although the child does have concrete thoughts, he cannot think abstractly. At this point the child's brain has matured sufficiently and he or she has had the environmental experiences needed to understand how the world works without making the cognitive errors that are present in the earlier stages. At this stage the child can understand and use certain

principles or relationships between events and things. (Compare Cunningham, 1993: 199; Louw, Schoeman, Van Ede & Wait, 1996: 341 and Bigner, 1999:322)

The characteristics of the concrete operational period are the following (Compare Cunningham, 1993: 1999 –201; Louw, Schoeman, Van Ede & Wait, 1996: 331 –340 and Bender, 2000: 27):

- Decentralization - a child can consider a variety of aspects of a situation simultaneously. He therefore does not concentrate on one specific aspect of a case.
- Logical thoughts and insight in transformation - a child does not only concentrate on the end result of the transformation, but considers the nature of the transformation.
- Decline in egocentrism - a child can see someone else's perspective, because he is able to place himself in the shoes of the other person.
- Concepts of reason - a child does not confuse the meaning of cause and consequence, and realizes that certain events can happen accidental.
- Realism - a child can differentiate between psychic and the physical, as well as between what is internal and what is external.
- Syncretism and juxtaposition - Between the ages of seven and eight years syncretism (a term that is used to refer to ideas or facts that are combined in a confusing whole) is found more in the use of the child's language as in their reasoning. Juxtaposition (facts that have no connection towards one another) is still found in the child's language use, especially in the use of the word "because".
- Classification - a child is able to think of the whole as well as the different parts of the whole.
- Number comprehension - the child realizes that numbers can be combined through adding and multiplying and that the whole can be defined though subtraction and division.
- Conservation - this means that the child is able to understand that the quantitative connection between things remains the same, even if there is perceptual change that might take place.
- Series creation - the child can arrange objects from small to big.

- Reversibility is also a possibility now; a boy may have a sister and understand that the sister has a brother.

In middle childhood the following characteristics of the concrete operational period need to develop, namely: decentralization; logical thoughts; decline in egocentrism, concepts of reason; realism; syncretism and juxtaposition; classification; number comprehension; conservation; series creation and reversibility. All of these characteristics are needed for the child to successfully complete primary school education.

3.2.2.3 Language development

The length and complexity of sentences that the child uses develops. The vocabulary of the child increases, and the double meaning of words slowly increases. Children of this developmental stage are therefore very fond of jokes where words are used in a double meaning manner. The child in middle childhood knows and uses correct grammar when asked. He understands the figurative meanings of metaphors, the correct usage of comparatives, and the correct use of past tense. By the end of this period, school-age children will possess the fundamentals of correct grammar and lack only practice in using them (Cunningham, 1993: 204 and Louw, Schoeman, Van Ede & Wait, 1996: 350-351).

An increased vocabulary and more complex usage of sentences characterize middle childhood. The use of double meaning of words to create jokes is also a characteristic of this stage.

3.2.2.4 Moral development

Moral development refers to the process whereby one learns the principles which enables one to determine which behaviour is right and which is wrong and to direct one's behaviour according to these principles (Van der Zanden, in Louw, 1996: 357).

Piaget and Kohlberg are two theorists who contributed to the understanding of moral development. According to these theorists a child's cognitive development is an

important factor in the development of a child's moral comprehension. Kohlberg is of the opinion that moral development from the age of five years until maturity develops in three phases, namely: pre-conventional, conventional and post conventional levels. Each of these levels has two stages (Louw, Schoeman, Van Ede & Wait, 1996: 360). According to Bender (2000: 31) the pre-conventional level develops during middle childhood.

In the pre-conventional level a child decides whether an action is right or wrong on the basis of punishment or rewards – if the action is rewarded, then it is right, if the action is punished, then it is wrong. There is no concern about the moral rectitude (Dacey and Travis, 1994: 251). Children find it difficult, according to their cognitive development, to consider moral dilemmas from different viewpoints. Behaviour therefore is judged by the consequence it holds. If the behaviour is not punished, then it is not considered to be wrong (Louw, Schoeman, Van Ede & Wait, 1996:360). During stage one of the pre-conventional level, the child will obey authority during to avoid punishment. During stage two of the pre-conventional level the child will conform to rules in order to obtain rewards to satisfy personal needs. The child becomes aware of the fact that people can hold different opinions regarding moral dilemmas. A child will obey rules if it is for the benefit of others. It is therefor right to behave according to own gain. The primary goal of obedience is to obtain a reward and to relieve own desires (Louw, Schoeman, Van Ede & Wait, 1996: 361 and Bender, 2000: 31-33).

During middle childhood a child develops principles, which directs the child's behaviour in what is wrong and right. During the pre-conventional level a child 's consideration of whether an act is wrong or right is based on whether or not the action is rewarded or punished. During the second phase of the pre-conventional level the child will conform to rules in order to obtain rewards to satisfy personal needs.

3.2.2.5 Emotional development

The child's emotions are triggered more easily and he reacts with rage, intense fear and unreasonable jealous outbursts. Rage is the emotion that manifests most often in a child during middle childhood. As the child progresses through middle childhood a

strong motivation to control his or her emotions develops. The desire to be accepted by others encourages the child to control his or her emotions (Louw, Schoeman, Van Ede & Wait, 1996: 363 and Bender, 2000: 36).

Concrete fears decline during middle childhood, but fear of the unknown, unnatural and imaginary increases. The child is also afraid to be different from others, to be a failure and not to be accepted by others (Louw, Schoeman, Van Ede & Wait, 1996:363 and Bender, 2000: 29).

At the end of middle childhood the child is able to control his or her emotions. The motivation for this is the desire to be accepted by others.

3.2.2.6 Social development

The child in middle childhood increasingly spends his or her time away from the family and as a result he or she will encounter more social learning experiences in his or her relationships with other people.

One of the most important social groups in middle childhood is that of the peer-group. The child in middle childhood is more likely to interact with other children of the same sex and age (Louw, Schoeman, Van Ede & Wait, 1996: 377 –379). According to Dacey and Travis (1994: 269) children in middle childhood search for friends who are psychologically compatible.

The peer-group also plays a vital role in the child's development and serves the following functions:

- It provides companionship
- It provides the opportunity for new behaviour
- It transfers knowledge and information
- It helps the child to learn rules and regulations
- It strengthens sex-role differences

- It causes the emotional bond with his parents to weaken. This is a necessary step that will enable the child to separate from his parents during late adolescence and early adulthood.
- It provides the experiences whereby the child must compete with others in a relationship on an equal level (Louw, Schoeman, Van Ede & Wait, 1996: 377 –379).

Friendships in middle childhood develop in four different phases namely:

- a friend is someone who does what one asks him or her to do (4 –9 yr.);
- a friend is seen as someone that can help you (6- 12 yrs);
- friendship is seen as something more than just doing something for someone else,
- secrets and problems are shared (9 – 15 yrs); children respect their friends' needs for dependence and autonomy. They still lean on one another for emotional support, but are not as possessive (Louw, Schoeman, Van Ede & Wait, 1996: 383).

Peer groups serve important functions for socialization experiences. The child in middle childhood spends increasingly more time away from the family. One of the most important social groups in middle childhood is that of the peer-group. The peer-group also plays a vital role in the child's development and serves various functions. Peer-group friendship develops through four levels during middle childhood.

3.2.2.7 Personality development

The self-concept develops during middle childhood. According to Newman and Newman (in Louw, Schoeman, Van Ede & Wait, 1996: 387) middle childhood is the most critical period for the development of the self-concept.

Children develop a concept of how they are and how they want to be. The child does not only describe himself in terms of what he is able to do, but also how well he can master an activity. According to Cunningham (1993: 202) children in middle childhood are a great deal more self-critical because they compare themselves and their abilities to other children and their abilities. The self-concept of a child is

influenced by the manner in which he can regulate his behaviour. It is therefor important that the child develops trust in himself, so that personal and society's expectations can be met (Louw, Schoeman, Van Ede & Wait, 1996: 388).

The characteristics of a child with a positive self-concept is as follows (Geldard & Geldard, 1997: 169):

- They have a creative component;
- They accept active roles in the social group with ease;
- They have less of a burden relating to feelings of self regret, anxiety and ambivalence;
- They move more realistically and directly towards achieving personal goals;
- Differences between one's own levels of ability and others are more easily accepted.

The self-concept develops during middle childhood. Children develop a concept of how they are and how they want to be. The child does not only describe himself or herself in terms of what he can do, but also how well he can do an activity. The self-concept of a child is influenced by the way in which he can regulate his behaviour.

3.2.3 The child's understanding of death

The death of a parent is one of the most fundamental losses a child can face. Ideally, parents support their children, both physically and emotionally; they provide a stable home environment in which children can grow and mature and they serve both as the children's protectors and as their role models. The loss of a parent to death and its consequences in the home and in the family change the very core of the child's existence.

Magical thinking, according to Lendrum & Syme (1992: 64) is beginning to diminish in the 8-12 year old child as he understands and is more oriented towards the future. Thus the child has the cognitive ability to realise what the loss will mean to him. The death of, or separation from a parent, threatens the child and can reawaken feelings of childishness and helplessness (Compare Lendrum & Syme 1992: 64 and Sheidman, 1998: 225).

It is at this stage of development too that children come to recognise the possibility of their own deaths. This identification with death may make the subject particularly frightening for them. This probably intensifies the tendency towards denial, and it may be necessary to be quite firm with this age group to give them the opportunity to share their longing, their feelings and their memories with others (Lendrum & Syme, 1992: 64 and Lewis, 1999: 152).

According to Papadatou & Papadatos (1991: 18) children in this developmental stage are interested in objective observation, in concrete physical and mechanical aspects of things and processes, and in the laws of describing them. By this age, they clearly understand death as the cessation of functions. They would for example answer the question " *What happens when people die?"* as follow: *" When people die they stop living. The heart stops beating, the brain and everything stops working"*.

They are interested in the distasteful details of death and the post-mortem physical changes that adults don't like to think about. They can understand death as a result of inner processes such as disease and old age. Their interest may start to focus on the process of dying and decomposition and the cause of death (Dyregrov, 1991: 11).

School-aged children are in the process of decreasing their dependence on their parents, while they are increasing their contact with the world outside the family. This is done by going to school and taking part in activities outside the home. Importantly, they form friendships and relationships with members of society outside the inner family. They continue to form their identity, gain greater autonomy, and greater control of their body (Dyregrov, 1991: 44). However, according to Sanders (in Doka, 1995: 71), for the school- aged child, attending classes might be a problem because he wants to be like other children and the death in the family may isolate him. The child may attempt to conceal the information from other children or, alternately may put on a show of bravado to mask up the painful emotions being experienced.

School children have a larger repertoire of coping strategies to meet and handle death and crisis situations. They are able to make inner plans of action that make them better equipped; they think of actions they will take to prevent such an event from reoccurring again, as well as to undo what happened in their fantasies. They may

fantasise about calling the ambulance, police or others and that they are able to repair the damage. Also, in their fantasy or play they may take revenge on the one they hold responsible. Through changing, undoing, reversing or taking revenge, they can counteract feelings of hopelessness (Dyregrov, 1991: 44).

The child may assume a caretaking role in the family to compensate for the loss, for example, by comforting a parent or assuming a parental role with a sibling (Lewis, 1999: 152).

The child has the cognitive ability to realise what the loss will mean to him or her.
It is at this stage of development that children come to realise the possibility of their own deaths. Children in this developmental stage are interested in objective observation, in concrete physical and mechanical aspects of things and processes, and in the laws of describing them.

3.3 THE FAMILY IN MIDDLE CHILDHOOD

As a child develops from infant to toddler to preschooler to school age, the parent's role changes from caregiver to protector to nurturer and finally to encourager. The family plays an important role in the middle childhood developmental phase. The family needs to encourage the child to become more independent and take part in other activities for socialization to take place.

Both parents and children play a crucial role in the resolution of psychosocial crises, and the behaviour of one member continues to influence the behaviour of another (Hamner & Turner, 1996: 72 and Bigner, 1998: 326).

According to Carter & McGoldrick (1999: 514) the stage in the life cycle that is particularly challenging is that of the family with young children. The reason for this being that with the birth of the first child a profound realignment of family relationships occur. The parents face huge challenge as they attempt to adjust to their new roles of being mother and father.

The family therefore plays an important role in middle childhood. The family has specific tasks that they need to perform in order to help the child in middle childhood to successfully complete the middle childhood developmental stage.

3.3.1 Family tasks in middle childhood

Not only does the child in middle childhood have certain developmental tasks to accomplish, but the family also has certain developmental tasks that need to be accomplished, namely:

- Providing for children's activities and parent's privacy.
- Keeping the family system solvent.
- Cooperating with one another to accomplish tasks.
- Continuing to maintain an effective degree of marriage satisfaction between adult partners.
- Utilising communication patterns effectively within the family system.
- Feeling close to relatives within the extended family system.
- Connecting with others in the community beyond the family system.
- Legitimizing sexual activity, bearing and raising children, providing emotional support, establishing members' places in society.
- The family is responsible for stimulating the child's development. This means that the child must increasingly be able to do activities on his own. The time that the child spends away from home also increases, for example the time the child spends on school and school activities increases as he gets older.
- The family is responsible for encouraging the child to socialize. The family must become involved with activities at school, church and sport.
- The family needs to encourage communication between members.
- Effective gender education needs to take place in the family. Attention must be given to physiological changes within the body during puberty and the difference between the two sexes.

- The family needs to encourage the child in education, for example encourage the child to study, use language correctly and provide activities that stimulate mental-growth (Compare Pretorius in Bigner, 1998: 344; Benokratis, 1999: 5 and Bender, 2000: 38-39).

The family who has a child in middle childhood therefore has certain tasks to perform in order to assist the child in completing the middle childhood developmental stage successfully.

3.3.2 Developmental needs of parents

The mother's need to care for others may become a challenge. The child in middle childhood is for the greater part of the day involved in school activities and tends to want to spend more and more time away from home. The mother needs to let go of the child (Bigner, 1999: 329). However, during this stage the mother can blend her parenting role with other roles that are related to developing a sense of generatively (Hamner & Turner: 1996: 71). The mother can for example further her academic qualifications, obtain a job or resume leisure activities.

It is therefore important for the mother/ parents of the child in middle childhood to 'let go' of the child in order for the child to be able to complete his own developmental tasks. The child needs to spend more time away from home and if the parents hinder the child in doing this it poses difficulties in successfully completing the developmental tasks.

3.3.3 Developmental tasks of siblings

Siblings' primary role throughout their life cycle is to provide companionship and emotional support (Hamner & Turner, 1996: 73).

During middle childhood and adolescence siblings, particularly oldest daughters, contribute to the care of younger children. This is especially true in large families, single-parent families and low-income families. In some families where the parent is

incapacitated, older daughters may adopt a surrogate-parent role (Hamner & Turner, 1996: 73 and Carter & McGoldrick, 1999: 166).

During middle childhood and adolescence siblings often form coalitions for dealing with parents or as compensation for parental inadequacies (Hamner & Turner, 1996: 73).

A child in middle childhood can play an important role in the family towards his or her siblings, especially in those circumstances where parental care is inadequate. The middle childhood child can then assume the role of surrogate-parent.

3.4 SUMMARY

- A child in middle childhood would therefore be between the age of six years and twelve years. During this stage the child must develop feelings of industry in order to successfully transfer to the next developmental stage.

- The developmental tasks of the child in middle childhood can be summarized as the need to obtain skills to function independently of his family in a school environment.

- The general physical development in middle childhood can be summarized as less erratic. Noticeable differences between the different sexes occur, with a girl appearing to be growing more rapidly than a boy. The growth of arms and legs during this phase are the most prominent development.

- The obtaining and the refining of a variety of psychomotor skills are the most outstanding developmental characteristics of this developmental stage.

- The family who has a child in middle childhood therefore has certain tasks that they need to perform in order to help the child to complete the middle childhood developmental stage successfully.

- Physical development during middle childhood is less erratic and less turbulent than that of early childhood or adolescence.

- In middle childhood the following characteristics of concrete operational period need to develop: decentralisation; logical thoughts; decline in egocentrism, concepts of reason; realism; syncretism and juxtaposition; classification; number comprehension; conservation; series creation and reversibility. All of these characteristics are needed for the child to successfully complete primary school education.

- The length and complexity of sentences that the child uses develops. The vocabulary of the child increases and the dual meaning of words slowly increases. Children of this age group are therefore very fond of jokes where words are used in a double meaning manner.

- According to the theory of Kohlberg, the child in middle childhood is in the pre-conventional level of moral development. During middle childhood a child develops principles, which directs the child's behaviour as to what is wrong and right. During the pre-conventional level a child's consideration of whether an act is wrong or right is based on whether or not the action is rewarded or punished. During the second phase of the pre-conventional level the child will conform to rules to obtain rewards to satisfy personal needs.

- The child in middle childhood experiences emotions that appear more frequently and more intensive. Concrete fears decline during middle childhood, but the fear of the unknown, unnatural and imaginary increases. At the end of middle childhood the child is reasonably able to control his or her emotions. The motivation for this is the desire to be accepted by others.

- The child in middle childhood spends increasingly more time away from the family. The peer-group is one of the most important social groups in middle childhood. The peer-group also plays a vital role in the child's development and serves various functions.

- The self-concept develops during middle childhood. Children develop a concept of how they are and how they want to be. The child does not only describe himself in terms of what he can do, but also how well he can master an activity. The self-concept of a child is influenced by the degree of regulation of behaviour.

- The child has the cognitive ability to realise what the loss of a loved one will mean to him or her. It is at this stage of development too that children come to recognise the possibility of their own deaths. Children in this development stage are interested in objective observation, in concrete physical and mechanical aspects of things and processes and in the laws describing them.

- The family plays an important role in middle childhood. The family has certain tasks that they need to fulfil in order to help the child in middle childhood to successfully complete the middle childhood developmental stage.

- The child needs to spend more time away from home and parents hindering the child in doing this creates difficulties in successfully completing the developmental tasks.

- A child in middle childhood can play an important role in the family towards his or her siblings, especially in those circumstances where parental care is inadequate. The middle childhood child can then take on the role of surrogate-parent.

University of Pretoria etd – Mengel, N (2003)

CHAPTER FOUR

EMPIRICAL DATA

4.1 INTRODUCTION

An empirical study of qualitative nature was undertaken. The study investigated the research question: *What are the emotional needs of HIV/AIDS affected orphans*. Five children, registered as clients with Pretoria Child and Family Care Society, were assessed over a period of one week. The empirical data gathered in the research process will be documented in this chapter. The objectives and the techniques used to gather the data are first discussed whereafter every session is separately discussed and evaluated.

4.2 RESEARCH PROCESS

A qualitative research approach was utilised during this research study. The goal of the research is not to determine the quantity of emotional needs of HIV/AIDS orphans, but what the specific emotional needs of HIV/AIDS orphans are, which makes a qualitative approach more valuable.

The researcher utilised applied research with an exploratory design to conduct the research study. The researcher purposive selected a sample of five respondents from the caseload of Pretoria Child and Family Care Society. The respondents met the following criteria:

- They were in the age group of seven – 13 years of age.
- Both boys and girls were included in the research study.
- No particular culture was selected.
- One or both of their parents had died of HIV/AIDS in the past year.

These five respondents were assessed through the utilisation of gestalt therapy techniques over a period of one week. Themes from these sessions were identified.

4.3 OBJECTIVES AND TECHNIQUES OF THE INTERVENTION PROCESS

4.3.1 Session number one

4.3.1.1 Aim

To assess the emotional needs through the use of gestalt therapy techniques.

4.3.1.2 Objective of session number one: Establishing a therapeutic relationship

- Interacting with the respondent in order to establish a therapeutic relationship.
- Enhancement of sensory awareness of the respondent for him/her to be conscious of his/her feelings.
- Through the use of incomplete sentences to start the assessment process.

4.3.1.3 Techniques used in session number one

The technique used in session number one was that of creating sensory awareness (Oaklander, 1988: 109 – 119 and Schoeman, 1996: 53). The researcher took each respondent on a fantasy flight. The objective of this technique is to help the respondent become conscious of his emotions. According to Oaklander (1988: 128) children lose a sense of self and a great deal of physical and emotional strength when they become unacquainted with their bodies.

The other technique utilized during session number one was that of the use of incomplete sentences (Oaklander, 1988: 96 and Van der Merwe(a), 1996: 124). The aim of incomplete sentences is to encourage respondents to make declarative statements about themselves, to get in touch with their wishes, wants, and needs, disappointments, thoughts, ideas and emotions. The researcher used an "incomplete sentences questionnaire" developed by Kempton Park Child and Family Care Society aimed at assessing problem growth areas (see appendix one).

4.3.2 Session number two

4.3.2.1 Aim

To assess the emotional needs through the use of gestalt therapy techniques.

4.3.2.2 Objectives of session number two: Assessment via creative play

- Interacting with the respondent in order to enhance the therapeutic relationship.
- Continue the assessment process by way of the draw-a-person technique.

4.3.2.3 Techniques used in session number two

The technique used in session number two was that of drawing. According to Oaklander (1988: 53) the very act of drawing, with no therapeutical intervention whatsoever, is a powerful expression of self that helps establish one's self-identity and provides a way of expressing emotions. The researcher utilised finger paint in this session. According to Oaklander (1988: 50) through the use of finger paint the painter can make trial designs and pictures and erase them. The child needs no skill and does not experience failure in using finger paint. Finger paint also enhances the sensory awareness of touch.

The following are advantages of creative play (Van der Merwe(b), 1996: 138 and Joubert & Bauling: 1999: 28-30):

- Drawing and painting can be relaxing and can therefore create an atmosphere ideal for further therapy.
- Creative play is functional in establishing an acquaintanceship between therapist and child thus promoting communication.
- It is an effective way of gaining information regarding the child's world.
- Creative play may be used for assessment or for direct counseling.
- Creative play offers the child the opportunity for self-examination and release of emotion.
- Past situations are actively recollected and adapted by creative play, while the desired result of acceptance may follow.

- The therapist may reach children who are emotionally frozen and blocked.
- Creative play may serve as a therapeutic metaphor.

Oaklander's working model (Oaklander, 1988: 53 – 56) was used to explore the drawings of the respondents (See appendix two).

4.3.3 Session number three

4.3.3.1 Aim

To assess the emotional needs through the use of gestalt therapy techniques.

4.3.3.2 Objective of session number three:

- Interacting with the respondent in order to enhance a therapeutic relationship.
- Continuing the assessment process by employing the rosebush-technique.

4.3.3.3 Techniques used in session number three

The technique used in session three was the rosebush-technique, as described by Oaklander (1988: 32- 37). The respondents were asked to close their eyes and imagine themselves as if they were a rosebush. A great deal of prompting was used, especially with those respondents who were defensive and constricted. The following are examples of the questions that were asked: "*Are you small? Are you large? What colour are your flowers? How many flowers do you have? Do you have leaves? Do you have roots? Who takes care of you?* After the fantasy the respondents were asked to draw a picture of the rosebush after which Oaklander's working model was employed to explore the picture (See appendix two).

4.3.4 Session number four

4.3.4.1 Aim

To assess the emotional needs through the use of gestalt therapy techniques.

4.3.4.2 Objective of session number four: Assessment through the use of sand tray-technique

- Interacting with the respondent in order to enhance a therapeutic relationship.
- Continuing the assessment process through the sand tray-technique.

4.3.4.3 Techniques used in session number four

The sand tray-technique was employed in session four. Magaret Lowenfeld initiated the early development of sand play as a way to assess pre-verbal thinking through the use of miniature figures to represent the pictures in the child's mind. Lowenfeld theorized that therapy takes place as the child and the therapist observe the unfolding of the sand picture and sand story (Van Dyk, 1995: 4 and Oaklander, 1988: 166).

Sand tray play has the following advantages:

- Children of all ages can engage in sand play
- Children who naturally enjoy playing in the sand therefore do not experience it as intimidating or "work".
- It requires no skill and therefore the child seldom says: " *I can't*"

The respondents were given the opportunity to touch and smell the sand, which enhanced sensory awareness. Thereafter each respondent had to choose ten sand tray toys to create a picture. Oaklander's working model was used to explore the sand tray-picture (See appendix two).

University of Pretoria etd – Mengel, N (2003)

4.3.5 Session number five

4.3.5.1 Aim

To assess the emotional needs through the use of gestalt therapy techniques.

4.3.5.2 Objective of session number five: Assessment through the use of clay

- Interacting with the respondent in order to enhance a therapeutic relationship.
- Continuing of the assessment through the use of clay.

4.3.5.3 Techniques used in session number five

The flexibility and malleability of clay renders it suitable for a variety of tasks. It promotes the dealing with of the most primal and internal processes. According to Oaklander "it affords an opportunity for flow between itself and the user unequalled by any other material". It is easy to become one with the clay. It offers both a tangible and dynamic experience. The sensuousness of clay often provides children with a bridge between their senses and their feelings (Oaklander, 1988: 67).

The technique that was used in session five is that of clay. The respondents were given the opportunity to play the clay, which enhanced their sensory awareness of touch and smell. The respondents were instructed to create a person out of the clay. Oaklander's working model was used to explore the clay work (See appendix two).

4.4 SUMMARY OF CASE STUDIES

The profiles of the respondents are as follows (the names of the respondents have been changed in order to protect their identity):

Respondent	Age	Period that parent/s are deceased at time of study
Respondent 1: Sakkie	7 years	6 months
Respondent 2: Chantel	9 Years	6 months
Respondent 3: Charlene	12 years	6 months
Respondent 4: Heleen	9 years	2 Weeks
Respondent 5: Wouter	7 years	8 months

Three of the respondents involved in this study are siblings. All the respondents' biological mothers died of HIV/AIDS. Only one respondent had some form of contact with their biological father whilst the whereabouts of the biological father is unknown in all the other cases.

4.5 DISCUSSION OF CASE STUDIES

The names of the respondents have been changed to protect their identity. For the purpose of this discussion the following format will be used:

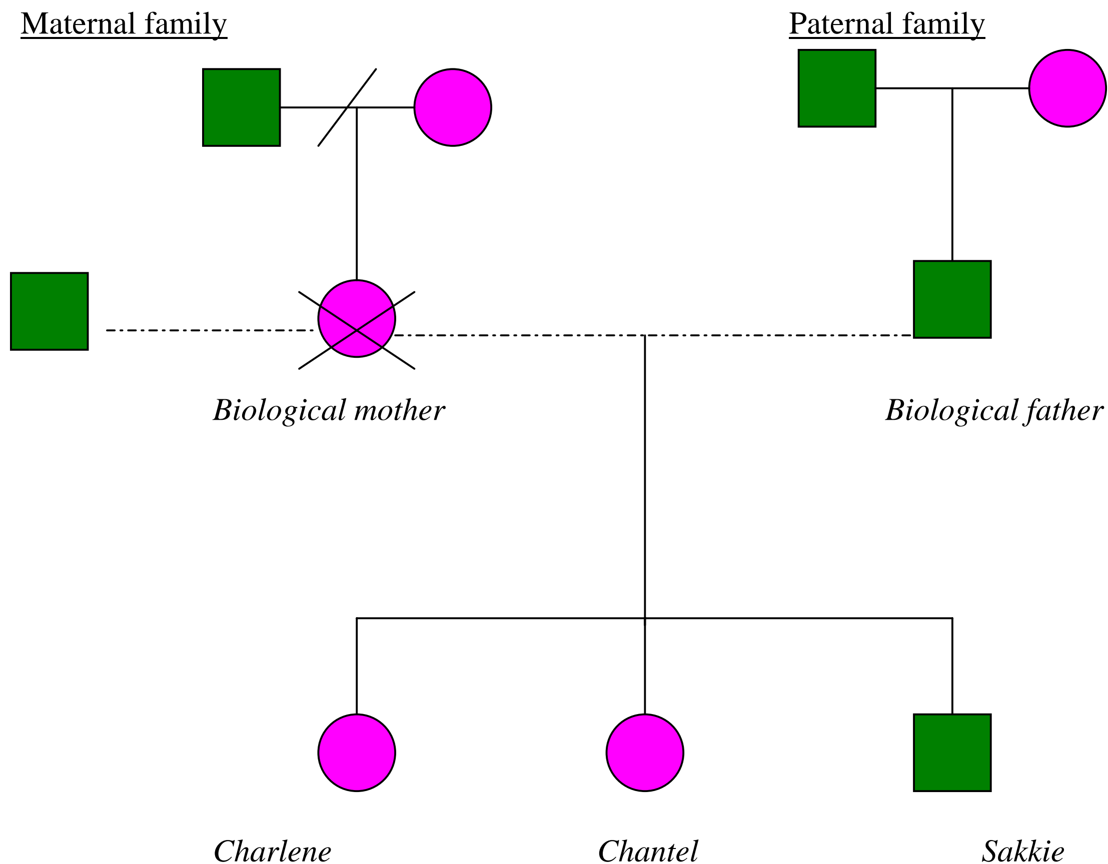
- Genogram
- Background information
- Sessions
- Proceedings of sessions
- Evaluation
- Theme

Please note *that where applicable the wording of the respondents' direct speech has not been altered, especially in the sections where they are requested to elucidate illustrations, models and sand tray-work. Henceforth, although the language use and grammar may seem simplistic and the sentences incomplete, an attempt is made at keeping the original dialogue in order to place all evaluations in a congruent context.*

4.5.1 Case study 1,2 and 3

Sakkie, Chantelle and Charlene are siblings and henceforth their genogram and background information is discussed jointly.

Figure 4.1: GENOGRAM (Case study 1,2,3)



4.5.1.1 Background information

The biological mother was born in Marabastad. Her parents struggled financially and their home life was characterized by alcohol abuse and an inability to maintain employment. The mother was unable to care for the children after the father had abandoned them. The biological mother began to display uncontrollable behaviour and was subsequently placed in an industrial school. There she completed Std. 10.

The respondents' biological mother engaged in a relationship with their biological father during 1993. This relationship was characterized by alcohol- and drug abuse accompanied by family violence. She subsequently ended the relationship as a result of these factors.

The biological mother then engaged in another relationship that was once again characterized by the abuse of alcohol and drugs. The man assaulted the biological mother on numerous occasions whilst they were both intoxicated. The biological mother passed away during April 2002 as a result of contracting HIV.

Proceedings in the Children's Court were initiated in September 2000 due to the biological mother leaving her children in the care of the maternal grandmother. The biological mother refused to assume responsibility for her children. Children's Court proceedings were finalised on 27 September 2000 resulting in placement in the foster care of their maternal grandmother.

4.5.1.2 Case study 1: Sakkie

4.5.1.2.1 Session number one

Proceedings of session one

The researcher commenced the session by greeting Sakkie. The researcher explained the aim of the research in basic terminology to Sakkie. She then established that Sakkie had a sound comprehension of the aim of the research. He explained that his grandmother had explained to him that he is here to talk about his mother that died.

Sakkie was very bashful in the presence of the researcher. She put him at ease by first engaging in a game. The researcher then established contact with Sakkie by engaging in idle conversation. She also explained the reason for the tape recorder being there. She requested him to talk into the tape recorder after which they listened to his recorded voice. The researcher enquired about his likes and dislikes. She explained her role to him.

The researcher improved the already relaxed atmosphere by playing tranquil music to Sakkie while lying on his back with his eyes closed. Through this activity his sensory awareness of sound was enhanced. The researcher then took Sakkie on a fantasy trip and throughout made him aware of his senses by telling him to imagine what he was smelling and seeing. The researcher then asked Sakkie to draw that what he had seen in his imagination.

Sakkie constantly needed encouragement and it was clear that he was not totally at ease. He made a picture of two babies, a house and a car. The researcher explored the picture through the use of Oaklander's model (See appendix two). The two babies were outdoors. They could not stay in the house because there was not enough space for them in there. Their mother was not there; she was out shopping. The babies wished that they were bigger so that they could build a bigger house. Sakkie wished that his mother and father could have lived together.

The following information was revealed through the use of the incomplete sentences:

He is concerned *about the lack of food*;
He is saddened *by his mother's death*;
He sees himself *as stupid*;
He will never forget *his mother's burial*.

Assessment

Sakkie was extremely shy during this session. He spoke very softly and it often was difficult for the researcher to hear him. The researcher noticed that Sakkie started scratching himself and that there were many scratch marks on him. He said that he sometimes just feels like scratching. His non-verbal actions revealed that he felt uncomfortable during this session. The researcher is of the opinion that Sakkie has a low self-esteem (compare Newman and Newman in Louw, Schoeman, Van Ede & Wait, 1996: 387). He also has a need for family members to be with him and wants them to live together.

Theme

- A need for closeness
- Feeling of inadequacy

4.5.1.2.2 Session number two

Proceedings of session two

The researcher made contact with Sakkie by engaging in conversation about what he had done the previous day. Sakkie had arrived an hour earlier for the session. The researcher commenced the session by asking him to recall what they had done the previous day. Sakkie remembered well and the researcher praised him for that. The researcher explained what the object of this session would be.

The researcher started the session by allowing Sakkie to engage in breathing techniques and focussing on the sounds from outside. Sakkie had difficulty in identifying all the sounds.

The researcher gave Sakkie the instruction to draw a person. She gave him the option of choosing the medium he wished to draw with. He only used one colour crayon. He drew three men, three cars and six pencils. By applying Oaklander's model (See appendix two), Sakkie explained the following about his illustration:

- The dolls can play; the cars can drive and the pencils can write.
- The cars travel to town, Durban and Cape Town. He was once in the Cape over Christmas with his grandmother and he enjoyed it very much.
- Pencils write a letter to a teacher.

Sakkie struggled to form part of the projection and constantly gave the technical explanation of the objects that he drew. The researcher tried to encourage him to be a part of the projection by being the pen and engaging in a conversation with Sakkie.

The researcher told a story by ustilising the pen as a metaphor. The story was about a mother and three children. The mother drowned in the ocean.

The researcher asked Sakkie to draw a picture of this story. He drew clouds, a car, three children and a shell. Sakkie explained that the boy felt sorry for the mother, because a shark killed her. She died very quickly. The boy saw how the mother died and he felt bad. He felt just like the boy in the story and wished that he could hear his mother one more time (compare Van Dyk, 2001: 260). He told the researcher that he gets nightmares about his mother. He dreams that she comes out of her grave and that scares him.

The researcher ended of the session with another relaxing exercise.

Assessment

Sakkie struggled to identify with the projection. He constantly gave a technical explanation of the objects that he drew. The researcher had to use a great deal of encouragement to get him involved in the projection process. He remained guarded and did not succeed in projecting a great deal on his own circumstances. He gets nightmares about his mother coming out of the grave and that scares him. He has difficulty in recalling images of his mother before she fell ill.

Theme

- Longing for his mother.
- Preoccupied with his mother's physical features as when she was ill.

4.5.1.2.3 Session number three

Proceedings of session number three

The researcher made contact with Sakkie by inquiring about his activities of the previous day. Sakkie told the researcher that he had to do the dishes at home. Sakkie

was also able to recall what had been done in the previous session and the researcher praised him for having such a good memory.

The researcher led Sakkie on a fantasy flight were he had to imagine that he was a rosebush. The following information about the rosebush was gathered through Oaklander's working model (See appendix two):
It is a red rosebush. It has 5 big flowers. The leaves have fallen to the ground, because the wind blew them off. It has thorns that prick people. People want to touch the rosebush, but they do not see the thorns. People want to take the thorns away from the rosebush. Thorns are supposed to be in a thorn tree. The rosebush doesn't have roots and the Lord keeps it from falling over. The rosebush is in the Lord's garden and the Lord takes care of it. The rosebush's mother cannot come into the garden because the wind keeps her away.

Assessment

Sakkie revealed that he felt like the rosebush's leaves, he had to move from one place to another. He also mentioned to the researcher that he would like to be with the Lord. It was clear throughout the entire session that the Lord plays an important role in Sakkie's life, although the researcher is not certain if he fully understands the meaning of this. He continually mentioned that the God will look after him, *the Lord will put back the leaves*. Sakkie also revealed that people say defamatory things about him, for example that he is stupid (compare Newman and Newman in Louw, Schoeman, Van Ede & Wait, 1996: 387). Sakkie has a low self-esteem caused by the defamatory remarks he suffers.

Theme

- Feelings of insecurity
- Feelings of inadequacy

4.4.1.2.4 Session number four

Proceedings of session number 4

Photo image 1: Sakkie's sand tray

The researcher gave Sakkie the opportunity to investigate the toys and to finger the sand. Sakkie enjoyed the texture of the sand. The researcher explained some rules of working in the sand tray, for example the scattering of sand is forbidden.

The researcher requested Sakkie to make a story in the sandtray using as many objects as he wished (See photo image 1). The researcher used Oaklander's working model (See appendix two) to explore the sand tray. Sakkie told the following story: The people are being shot at. The researcher asked him to demonstrate the shooting, but he was very reserved in doing so. The man fell after being shot. He was running because the bad men were trying to catch him. When they caught him, they locked him up. The man had done nothing wrong. The man died. There was no one that could help the man. When he was shot they took him to the hospital and he died there. Some people get better in the hospital and others die in hospital.

The animals killed the people and then the soldiers came to kill the animals. All the people died. The plane came and caught the people. The plane then took the man to jail. Sakkie constantly repeated the story of the animals killing the people and then the soldiers killing the animals. He kills the people, he is angry with them. He loved

the people whom the lion had killed, that made him angry. His friends came to help him.

The researcher ended of this session by asking Sakkie what would take the anger away. He suggested drinking pills. The researcher asked him if there could be another way. The researcher then demonstrated alternatives on giving outing to his anger, for example to scream into or punch a pillow.

Assessment

Sakkie was more at ease with this projection technique. He enjoyed the feeling of the sand and he needed little motivation to demonstrate the action between the characters. Sakkie was angry at the lion for killing the people that he loved. There were no adults that featured in this sandtray. It was Sakkie's friends that came to help him. One can make the assumption that adults do not play a prominent role in Sakkie's life and that he relies on his peergroup (compare Louw, Schoeman, Van Ede & Wait, 1996: 377-379). There was nothing that could help Sakkie to resolve the situation. He felt hopeless and powerless (compare Van Dyk, 2001: 260). Sakkie was very tired at the end of this session. He gave outing on his anger during this session. He is angry because his mother had died (compare Van Dyk, 2001: 260). Sakkie constantly repeated the story of the animals killing the people and then the soldiers killing the animals.

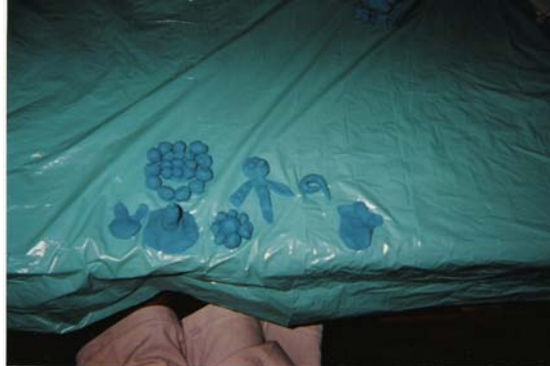
Themes

- Anger.
- Aggression.
- Feelings of hopelessness.
- Feelings of powerlessness.
- Preoccupation with death.

University of Pretoria etd – Mengel, N (2003)

4.4.1.2.5 Session number five

Photo Image 2: Claymedium



Proceedings of session number five

The researcher introduced the clay medium to Sakkie by giving him the opportunity to make sensory contact with the clay. He had to roll, squash and smell the clay. The researcher gave Sakkie the instruction to create something from the clay. The researcher enhanced the projection process by allowing Sakkie to breathe into the clay and then fantasize that the clay had life.

Sakkie made a man, a hat, snake, a star and cakes (See photo image 2). The researcher used Oaklander's working model (See appendix two) to explore the clay figures. Sakkie explained the following:
The star belongs in heaven. The man is enjoying life. He made two cakes because it was his birthday on Sunday. He was going to invite all his friends to the party. The man doesn't want the adults to come to the party, because they will drink beer and then get drunk. The snake is going to bite the people at his party and spoil his party. Sakkie killed the snake, because it ruined his party. Because the snake is not happy he wishes to kill people. The snake does not want people to have a party. The snake feels bad when other people are happy. The star sees God. The star kills the snake. The man is happy that the snake is dead. The snake made circumstances in the man's life bad. A mouse came and ate the cakes. The mouse is bad. It is not good in the

man's heart. The man would like his mother to take care of him. The mother is in town. It made him sad when his mother died.

The researcher concluded the session by suggesting methods for Sakkie to make his heart feel better. For example, he could write letters to his mother.

Assessment

Sakkie enjoyed this medium. He was extremely relaxed while playing with the clay. His concentration was lacking towards the end of the session. There will always be something that would ruin happy times in his life. He would be happy and then be saddened by the memory of his mother (compare Van Dyk, 2001: 260).

Theme

- Disheartenment.
- Preoccupation with death.

4.5.1.3 Case study 2: Chantel

4.5.1.3.1 Session number one

Proceedings of session one

The researcher commenced the session by greeting Chantel. The researcher explained the objective of the research in basic terminology. The researcher enquired whether Chantel grasped the aim of the research. Chantel explained that her grandmother mentioned to her that she is here to talk about her mother that died. The researcher explained the usage of the tape-recorder.

The researcher started the session with a relaxation technique. Chantel enthusiastically took part. She breathed hard and answered everything the researcher asked. Through the fantasy flight the researcher made Chantel aware of her senses.

The researcher then gave Chantel the instruction to draw what she had seen in her fantasy flight.

She drew a glass with a stick in. The glass contains something dirty that smells very bad. Someone had put the dirt inside. The glass is in the bush. No one has drunk from it. Naughty children had put the glass in the bush. If you drink out of it, you will die. She wants to throw the dirt out of the glass. She would like no person to drink from it. The stick did not get bad by being inside the glass. She would have been the stick. The researcher tried to make it part of her life, but she denied this.

From the incomplete sentences the following was revealed:

I 'm sorry *that I drank the dirty stuff*
I hate *stuff that smell*
I feel sad *because my mom died*
I am alone *when my mom died*

Assessment

Chantel was very nervous and spoke softly. She offered a great deal of resistance and did not want to be part of the projection. One could assume that there might be a possibility of sexual abuse, inferred from the sentence *I do not like myself because I am dirty.* This however needs to be explored more in-depth.

Themes

- Inner badness.
- Longing for her mother.
- Loneliness.

4.5.1.3.2 Session number two

Proceedings of session number two

The researcher related to Chantel by inquiring about what she had done the previous day. She told the researcher that she played with a dollhouse. She was able to remember what the previous session had entitled. The researcher commenced the session with a relaxation technique and made her aware of her auditory senses. The researcher then instructed her to draw a person.

Chantel drew a tree, a heart and a woman. The woman has long hair. Her name is Annalise. She is 6 years old. She lives near Table Mountain. She lives with an aunt named Johanna. Her mother is in the house. She is not living with her mother because her mother wanted her to live with her aunt. The boy is living with an aunt, because his mother is not looking after them. The boy and the girl engaged in a conversation. She doesn't feel like living with her mother. Her mother had AIDS and then died of shortness of breath. She thinks that she could also die of shortness of breath (compare Van Dyk, 2001:32-33 and Makelin, 1989: 102). It was her mother's one fault that she fell ill and died. Her mother had done something wrong. There were not enough doctors to help her mother in the hospital. That is why she died. She is angry with her mother for not looking after herself and dying. She is also angry with her mother for not looking after her. Her grandmother took care of them, because her mom was always sick.

Chantel asked the researcher if she could draw a picture of her mother. She told the researcher that she could not remember a lot of her mother. The researcher gave her permission to do so. She drew a woman with many spots on her face, circles, a heart and keys. She opens her house with the keys. The house is across her grandmother's house. The spots on the woman's face were sores. Chantel drew the woman blue, because her mom's colour was blue. She remembers her mother as being unwell. She longs for her.

Assessment

Chantel told the researcher that it was difficult for her to draw with the finger paint, as she was not used to it. Chantel initially needed a lot of prompting, but soon spoke spontaneously. Chantel does not have memories of her mother before she was sick. She only remembers her mother being sick, that is why she draws her blue, with spots on her face (compare Dyregrov, 1991: 11). Chantel harbours a lot of anger about her mother that died. She is however not sure who is to blame; she is angry because there were not enough doctors at the hospital and her mother did not take care of herself (Dyregrov, 1991: 44).

Theme

- Preoccupied with her mother's physical features as when she was ill.
- Anger.

4.5.1.3.3 Session number three

Proceedings of session 3

Chantel had a cough and spoke very softly. The researcher established contact with her by asking her what she had done the previous day. She was able to recall the proceedings of the previous session.

The researcher then applied the Rosebush technique. The following information was gained. She has 11 small red flowers. She does have roots. They are strong and big and in the ground. She is growing in a pot. She is standing in the middle of someone's garden. She is standing in an aunt's garden. There is fence around her. It is very warm. She has long straight branches. The sun is shining on the tree. The aunt looks after the rosebush. The rosebush is happy and doesn't want any one around. The man is going to take the rosebush away to another land. Its leaves will fall off. The man will break the branches. The man is doing this because he wants to

be happy. The man is jealous of the rosebush. The sun does not like what the man is doing.

Assessment

Chantel enjoyed this session and took part eagerly. She was still a little nervous initially in the presence of the tape recorder but later on she relaxed and became part of the projection. She is very happy where she is now, but there are people that are jealous of her and that might taker her away. Her grandmother looks after her father and her. There is a boy that tells her that she will be taken away. The boy bothers her. There will always be someone that would look after her.

Themes

- Insecurity.

4.5.1.3.4 Session number four:

Photo Image 3: Chantel's sand tray

Proceedings of session four

The researcher acquainted Chantel with the sand tray and gave her the opportunity to make sensory contact with the sand and the toys. The researcher then instructed Chantel to create a story in the sand tray.

The researcher used Oaklander's working model (See appendix two) to explore the sand tray and Chantel told the following story: The guy did not want to come because he was sad. They had hit him and then he fell off. He swore at the other guy. He was angry. They were jealous, because he had nice clothes. The girl is sick, her throat is sore. She is going to die. She will die in the hospital. The snake wants to bite them. The helicopter wants to find the baddies. Baddies don't want the helicopter to go, because their friends stole stuff. The bridge goes to the woman and the lion. The ape wants to kill the lion. The man on the bridge is named Jacob. He is going to jail, because he stole stuff. The ape will miss him, because they are friends. No one speaks to the woman who is dying. She doesn't want to hear noise. There are people that want to be near her. The other woman wants to take flowers and fruit to the sick woman. The sick woman wants to hit the other woman, because she is angry that the other one is not dying. The sick woman's child wants to kill everyone, because his mother is dying. He wants his mother to go to the hospital. The hospital did not help. The boy is sad and angry. The boy went to his grandmother when his mother had died. Then he went to his aunt and then his aunt died. His heart is very sore, because there is no one that would look after him.

Assessment

Chantel was very excited when she spoke. She enjoyed this projection technique and did not need any prompting. She could identify with the sand tray and projected her own life in it. Chantel identified with the boy, which may imply a problem concerning her sexual identity. This however needs to be investigated on a more in-depth basis. The sick woman is her mother. She also stayed at her grandmother. She is afraid that everyone will die (compare Van Dyk, 2001: 260-261 and Makelin, 1989:102) and that there will be no one to look after her. She is angry that her mother died.

Themes

- Anger.
- Preoccupation with death.
- Sadness.
- Fear of dying.

4.5.1.3.5 Session number five:

Photo Image 4: Clay medium

Proceedings of session five

The researcher gave Chantel the opportunity to make sensory contact with the clay medium. The researcher instructed Chantel to make something out of the clay.

The researcher used Oaklander's working model (See appendix two) to explore the clay object (See photo image four). The following was revealed: She made a man. His name is Dylan. He is sleeping. He is tired from lifting a brick. He had built a house in which she, her sister and her brother will live. They will sleep and prepare food. They will look after themselves. Dylan is 9 years old. The researcher asked her to describe his body. She only elaborated on his hands and feet. The researcher asked about the penis. She became very quiet. Her body language closed up. She explained that bad things may happen when Dylan uses the penis. The researcher asked her to demonstrate with clay what could happen. She was extremely uncomfortable. The researcher reflected her feelings and explained again why the tape-recorder is being

used. There were people walking past the office and Chantel said that she wants to wait until they have passed. She demonstrated the sexual act with the clay. She then asked the researcher to put the tape recorder off, which the researcher did. She then told a story of a girl being taken into the bush by a boy and bad stuff happening there. She didn't want to confirm that it is herself of whom she spoke. The researcher constantly reassured her and helped her think of ways in which she can help her friend.

Assessment

Chantel enjoyed working with the clay medium. She became part of the projection but denied that she projected her own life. Her body language however confirmed that she was indeed talking about herself. She broke contact with the researcher by turning her body away and holding herself. She became extremely uncomfortable and spoke faintly. During a previous session the possibility of sexual molestation was noted. The researcher is of the opinion that Chantel has been sexually molested and that she projected it through the clay. (This was immediately reported to the field social worker, which mentioned to the researcher that she too had suspected it. Chantel is curently in therapy to address the molestation)

Theme

- Sexual molestation

4.5.1.4 Case study 3: Charlene

4.5.1.4.1 Session number one:

Proceedings of session number one

The researcher introduced herself to Charlene and inquired whether she knew what the reason was for her being here. Charlene explained that her grandmother had informed her that it is about her mother that had died. The researcher then clarified the research process.

The researcher established contact with Charlene by engaging in conversation. The researcher commenced the session by asking Charlene to lie down with her eyes closed. The researcher conducted breathing exercises with Charlene while she was listening to calming music. The researcher took her on an imaginary trip and constantly probed her to become aware of her senses. The researcher then asked Charlene to draw that which she had seen in her mind.

The researcher used Oaklander's working model (See appendix two) to explore the picture and the following was revealed:

- Charlene drew an incoherent picture with loose objects that seemed to form no discernable central theme.
- She drew the following: A flower, sun, sticks lying around, grass, hand, foot, a body, trees, a pig and a cat.
- The cat and the pig don't like another because they are not the same.
- She can do everything with her left hand. She walks with her foot and paints it. She can wash her body and keep it healthy and clean. She can pick up the sticks. She can cut the grass and keep it neat.
- She only drew the body, the hand and the foot apart from one another to fill the paper.
- She identified with the sun. She explained that the sun is friendly; it shines; it looks down on earth. The sun can look up and see her mother. People need the sun's light.

- People in her life need her just like the sun. Her grandmother, brother and sister need her a lot. She must help her brother and sister to get ready for school. She takes care of them.
- She also identifies with the flower that is standing alone. The flower is fragile and can be blown over easily.
- She would have liked to be the sun, because then she would be able to see her mother. She misses her mother a lot.

The following information was revealed through the completion of the incomplete sentences (See appendix one):

- I cannot *stop thinking of my mother*
- I wish *I hadn't lost my mother*
- I wish *I was with my mother*
- My biggest enemy *is my uncle, because he keeps on saying why my mom got AIDS*

Assessment

Charlene wept while she explained why she wanted to be like the sun. The researcher comforted her and explained through a metaphor why she sometimes needs to talk about her mother. The researcher also comforted her in helping her recall memories of her mother.

Charlene has assumed the role of the caregiver and the mother in the family. Her grandmother assists, but she is burdened with the largest portion of the responsibility. She is the eldest of the three siblings and has taken on a highly responsible and adult role in relation to her siblings (compare Lewis, 1999: 153 and LOVE LIFE, 2001: 10-11).

Theme

- Longing for her mother
- Stigmatization

4.5.1.4.2 Session number two:

Proceedings of session number two

The researcher made contact with Charlene by engaging in conversation about what she had done the previous day. Charlene told the researcher that she had played with her friends.

The researcher instructed her to draw a picture of a person. Charlene drew a picture of herself. She projected information about her own life onto the picture. Herein she revealed elementary information about herself. Charlene then told the researcher that she is sometimes jealous of her friends. They always get nice clothes to wear and 'Christmas' clothes. She told that her friends are able to get these clothes because their mother had not died. She is angry with her mother for dying and depriving her of the things she wants (compareVan Dyk, 2001: 260).

Assessment

Charlene is in the pre-adolescent phase and displays behaviour typical of this phase: her appearance, especially the way she dresses, is very important; her friends and their opinion of her play an important role in her life (compare Louw, Schoeman, Van Ede & Wait, 1996: 377-379 and Lewis, 1999: 153).

Theme

- Anger
- Feeling deprived

4.5.1.4.3 Session number three:

Proceedings of session number three

The researcher connected with Charlene by inquiring what she had done the previous day. She told the researcher that she had played with her friends. The researcher also inquired as to whether Charlene could remember what they had done the previous day. Charlene was able to recall the session.

The researcher took Charlene on a fantasy-flight and made her imagine that she was a rosebush. Charlene drew a sunflower and four rosebushes. She identified with the sunflower. She gave the following information about the sunflower, through Oaklander's working model (See appendix one): the roots are shoal and the sunflower could therefore easily fall over; the leaves are on the ground; there are many flies which eat the leaves and there are spiders that eat the roots.

In an imaginary dialogue between the sunflower and the rosebushes, Charlene revealed the following:
Sunflower: *"Rosebushes, you must not be jealous of me."*
Rosebushes: *"But you have more than what we have"*

Assessment

Charlene could easily identify with the projection technique and was even able to engage in dialogue. She initially identified with the sunflower, because it is always yellow and bright. However, further exploration revealed that she was like the rosebushes – her cousins had more than she had because her mom had died. Charlene felt a deep jealousy towards her cousins since their mother had not died and for this reason they possessed more material things.

Theme

- Feeling deprived.

4.5.1.4.4 Session number four:

Photo Image 5: Charlene's sand tray

Proceedings of session four

The researcher gave Charlene the opportunity to explore the toys and make sensory contact with the sand. The researcher instructed her to formulate a story in the sand tray (See photo image 5). The researcher used Oaklander's working model (See appendix one) to explore the sand tray and Chantel told the following story:
The helicopter came from Eersterust. There are only two persons in the helicopter, she and a friend. They land in Cape Town. There they swim in the sea. They look at animals and at the castle. A man drives around, kills and slaughters the animals. The woman looks at the animals and surroundings. The lion looks for the animals; he wants to eat them. The animals run away. The lion goes after the woman who flees to the castle. The lion then goes back to the bush. The lion wants to kill the woman. However, she looks after the lion. The woman sometimes brings food for the lion. The lion is angry with the woman. He is angry because he is alone. (At this point Chantel once again engaged in a make-believe dialogue between the lion and woman). "The lion must be friendly then he will have friends and no longer be alone".

Assessment

Charlene enjoyed the sand tray projection technique and felt comfortable using it. She was able to project her own life onto the sand tray. She identified with the dolphin because dolphins swim in the sea and rescue people. She is of the opinion that she too helps people. Charlene feels alone, like the lion. She feels alone when children don't want to play with her, or make derogatory remarks about her mother. She feels the desire to help people

Themes

- Feels alone.
- Stigmatization.
- A desire to help people.
- Preoccupied with death.

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4.5.1.4.5 Session number five:

Proceedings of session number five

The researcher commenced the session by engaging in conversation about what Charlene had done the previous day. The researcher allowed her to make sensory contact with the clay. She then instructed her to create a model of her choice from the clay. Charlene made a two dimensional car.

The researcher used Oaklander's working model (See appendix one) to explore the clay object and Charlene told the following story:
This car is driving to work and to town. It is her car. She likes to drive with a car. She would like to travel to Durban. She would take her whole family with her. She would get a flat to live in for the holiday. If she did not have a car they wouldn't get there. They are going to Durban, because they are tired of Eersterust. She would take

her mother with to Durban. They wouldn't do anything. She told the researcher about the previous December holiday that they spent in Cape Town. Her mother did not want to go with them. Everyone tried to convince her to come along but she refused. Now she wishes that her mother had gone with her.

Charlene then started talking about when her mother was sick. Her mother was sick for a very long time. Her mom's feet and back were aching and she had to massage her. Her grandmother also helped. She mostly had to take care of her mother. A girl in the street told her that her mother died. It came as a shock. She fell ill after her mother had died. She then thought that she might also die. She is afraid of contracting her mother's disease since she slept in the same bed as her mother (compare Van Dyk, 2001: 32-33). Her aunt took them to the clinic where they received medication in order to prevent contracting Tuberculosis. She is terrified that she will also contract HIV.

The researcher ended the session by asking Charlene what she would have said to her mother. She would tell her mother that she loves her and that she will look after her brother and sister and never forget her. She would also tell her that her favouritism toward her siblings upset her. The researcher suggested ways in which she could preserve pleasant memories of her mother.

Assessment

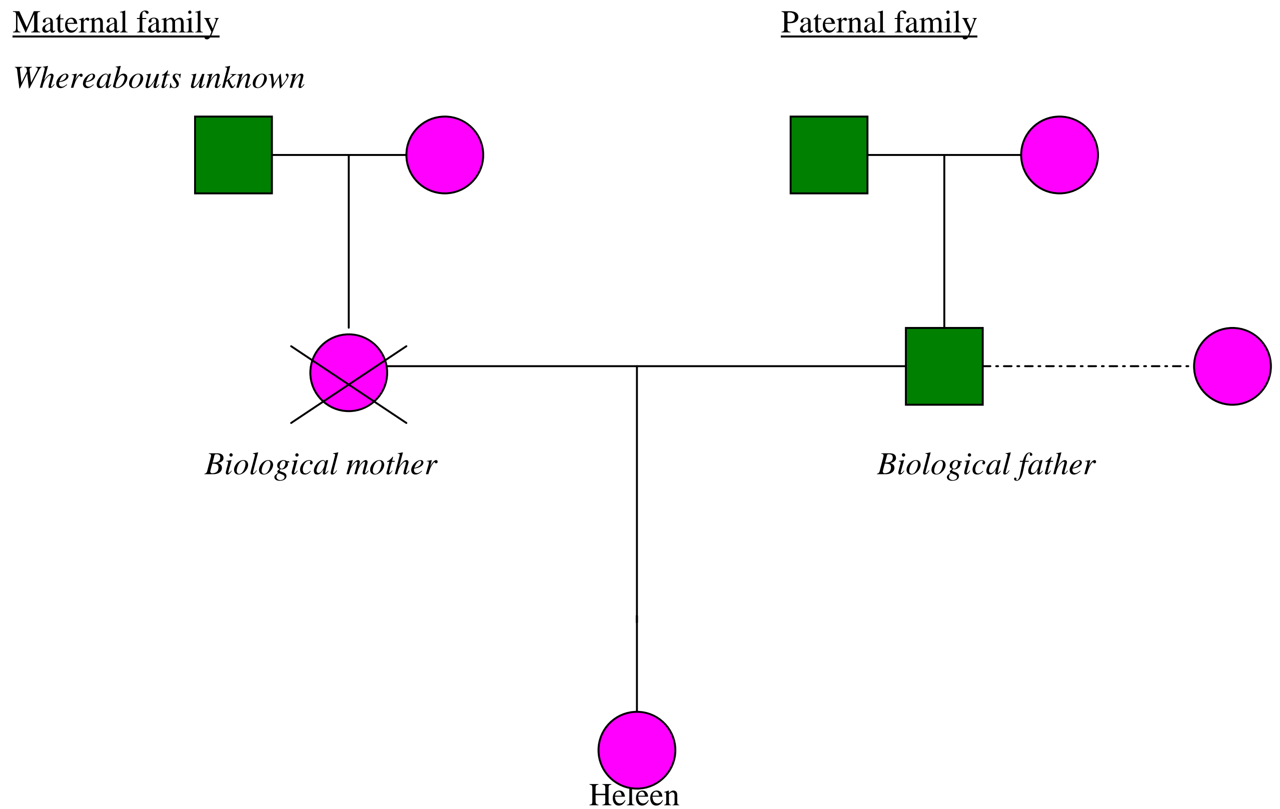
Charlene's grandmother places a large burden of responsibility on her. Although she is not much older than her siblings, she has to care for them. Charlene has been coerced into accepting the role of nurturer (compare LOVE LIFE, 2001: 10 – 11). She feels responsible toward caring for her siblings. She was laden with the unpleasant task of nursing her mother (compare Makelin, 1989: 102 and Van Dyk, 2001: 260-261). Charlene is afraid that she will fall ill and die just like her mother.

Theme

- Fear of dying.

4.5.2 Case study 4: Heleen

Figure 4.2 : GENOGRAM (Case study 4)



4.5.2.1 Background information

At the time the researcher engaged with Heleen now Children's court proceedings where held yet. Her mother had passed away two weeks prior to the research project. She was living with a woman in Eersterust that was of no relation to her. Her father was said to be living in Pretoria West, but Heleen had no contact with him since her mother had died.

4.5.2.1 Session number one:

Proceedings of session number one

The researcher interacted with Heleen by explaining the object of the research study. The researcher explained the necessity of the tape recorder and ensured that she felt at ease in its presence. The researcher inquired about her likes and dislikes. Heleen told the researcher that her name is Miemie. She explained to the researcher that it was the name her mother called her. Heleen asked the researcher to call her Miemie.

The researcher explained the proceedings of the session. She led Heleen on a fantasy flight and employed breathing exercises to help her relax. The researcher then asked Heleen to draw that which she had pictured in her mind. Heleen drew the paper nearer but then sighed deeply. The researcher reflected on her non-verbal behaviour, but Heleen offered no response. During the entire session Heleen emitted deep sighs and seemed to have a very low energy level. Heleen drew a sun, a tree, birds and rain at the bottom of the page.

The researcher used Oaklander's working model (See appendix two) to explore the picture in which Heleen revealed the following information:

- The sun could see people walking in the street. The people were on their way to buy food for their children.
- People had hurt the tree by plucking oranges from its branches, they climbed the tree and sat underneath it. The tree felt sad. There were also many bees that surrounded the tree and which stung the tree. The tree had no family.
- When the researcher commented on the fact that there were no people in her picture, Heleen (who at this point projected herself as the tree) explained that the people do not sit underneath her any more, because they make her rotten and they take all her leaves. She wished that the people would leave the tree alone.

According to Heleen she also felt like the tree: she had no family; she wanted people to leave her alone; people make derogatory remarks about her mother. She felt very sad and felt that the sadness would go away if she did not talk about it.

The researcher proceeded by employing the technique using uncompleted sentences (See appendix one). The following sentences were significant:

- I can't … *sleep*
- I get ashamed when…*people come*
- I wish I didn't…*have a father*
- The most difficult thing for me to do is…*my mother*

Assessment

Heleen portrayed a very low energy level during this session. She did however participate satisfactorily in the session. Her non-verbal and body language portrayed signs of depression and it is clear to the researcher that she was mourning (compare Van Dyk, 2001: 260). Nothing positive was revealed in the projection techniques.

Themes

- Feeling unhappy.
- Stigmatization.

4.5.2.2 Session number two:

Proceedings of session number two

Heleen spoke monotonously and softly. The researcher asked whether she could remember what they had done the previous day. She could remember with clues. She seemed tired.

The researcher commenced the session by using a relaxing exercise, which entails concentrating on one's breathing. The researcher instructed her to draw a picture of a person. She enjoyed this activity. Heleen drew the following: a woman, a tree, birds, a sun and clothes. The researcher used Oaklander's working model (See appendix two) to explore the picture and Heleen told the following story:
The woman was sketched without hands or feet. She explained that the woman does have hands, she just omitted drawing them. It is raining. The woman is not very happy. She is waiting at the tree for her mother. Her mother must come from work. She is waiting a very long time for her mother. Her mother works until late at night. If her mother doesn't come then she will wait for her father. No one waits with her. Her heart is sore, because her mother is not coming. She then engaged in an imaginary dialogue between the woman and the tree. The tree is telling her that no one will come for her. The tree will look after her, because he has a lot of apples. The birds would not know where her mother is. The sun must look for her mother. The sun saw her mother walking. Her mother is still not coming. Her mother is walking slowly because her legs are sore. The girl walks to her mother. Her dad was not at home. Her dad was walking to their home. The girl had to walk to her father, but she did not want to. She didn't want to go, because she doesn't love him anymore. He is always late. Her father can get another woman. She feels that her father should have been at home.

She doesn't love her father. Her father wasn't at the burial, he was late and that infuriates her. She wanted him to be there. She wanted him to hug her; there was no one that had hugged her during the burial (compare Makelin, 1989: 102 and Van Dyk, 2001: 260-261).

Assessment

Heleen had very low energy levels during the session, although she partook. She constantly yawned and spoke monotonously. She feels alone and doesn't have energy for life. She constantly yawned and portrayed symptoms of depression. She commented that she feels tired in the mornings (compare Van Dyk, 2001:260).

Theme

- Loneliness.
- Feeling insecure.

4.5.2.3 Session number three

Proceedings of session three

Heleen arrived very early for the session, all dressed up. Her breathing was deep and seemed to be an effort for her. Heleen's energy level was also very low. The researcher engaged with Heleen by commenting on how pretty she looked. Heleen just smiled vaguely. The researcher also enquired about the previous day's activities. Heleen told the researcher that she had played with her cousin.

The researcher first enquired whether Heleen knew what a rosebush is before starting with the fantasy-flight. Heleen did not know what a rosebush is. The researcher asked Heleen to imagine that she was a thorn-tree. After the fantasy-flight Heleen drew a small thorn-tree, three flowers, a sun, clouds and a box. The researcher used Oaklander's working model (See appendix two) to explore the picture. Heleen told the researcher that the tree has thorns and leaves and no roots. The box provides food. The thorn-tree can be blown over easily. Then the researcher set out to link the picture with Heleen's life, resulting in her bursting into tears. The researcher then left the picture and spent a time holding Heleen and just allowing her to weep. The

researcher reflected on her emotions and together they thought of a few ideas to make her feel better.

Assessment

The researcher is of the opinion that Heleen felt just like the thorn-tree. There is no stability in her life and at any given moment everything around her can tumble (compare Van Dyk, 2001: 260). Although Heleen was very despondent during the session the researcher managed to support and comfort her.

Themes

- Intense longing for her mother.
- Feeling insecure.

4.5.2.4 Session number four

Photo Image 6: Heleen's sand tray

Proceedings of session four

Heleen began by telling the researcher that she could not sleep. She had walked to the session and the researcher could see that she was thirsty and gave her something to drink. She gave Heleen the opportunity to explore the sand tray as well as the toys. She then instructed her to create a story in the sand tray.

The researcher used Oaklander's working model (See appendix two) to explore the sand tray. Heleen told the following story:
You can do a lot with the bear; you can sleep with it. If you don't have friends you can play with the bear. A lion can eat you up, but this is a small lion and he cannot eat you. A horse can kick you; you can climb onto it. An ape can swing in a tree. You can play with a giraffe. Once upon a time a bear walked and bought food and clothes. One day a lion came and tried to eat the bear. The bear screamed for help. The horse came and helped the bear. The ape just sang. The horse chased the lion away. There is mom-bear. Baby-bear and daddy-bear are not there. One day a giraffe came and he saw the snake. Since all the animals were facing the window, the researcher enquired as to the reason for this. She explained that she just put them that way for no particular reason. She is the ape. She is just standing and singing her song. She likes singing. She sits in the tree. The snakes are also in the tree. She eats the snakes. She is not scared of the snakes. She cuts of the snake's head off and throws the poison away. She would like the buck to sit in the tree with her. The ape sees people walking to town to buy food and clothes. The ape sees an aeroplane. The aeroplane is going to shoot the bad people and then he is going to go to other countries. He likes flying up in the air. It is not nice for the ape on the ground. He must just stand and he cannot eat. The ape plays with the bear and then hits the bear, because the bear doesn't want the ape to eat. (She demonstrates how they are fighting). Then the snakes start to bite the ape. The lion comes and helps the ape. The lion then eats the snake. The ape is very thankful towards the lion. The snake bites the ape again and then the mommy-bear comes and helps. The snake wants to bite everyone because he is angry. Everyone moans at him and walks over him. The people think that the snake will not get hurt. The snake strangles the daddy-bear and the mommy-bear.

The ape is heart broken. The snake bites the ape. The snake likes to hurt people.

The researcher ended the session by asking what could make her heart feel better. She said that if she doesn't talk about her mother it would be better, but it does not always work. The researcher and Heleen explored other options on what would make her feel better.

Assessment

The researcher is of the opinion that Heleen is in the first phase of mourning, i.e. denial, since she prefers not to speak about her mother. Her low energy levels are caused by her sleeping disorder that in turn is created by the trauma of her loss. Sometimes she is like the snake. People think that she will not get hurt, but she does (compare Makelin, 1989: 102 and Van Dyk, 2001: 260-261). She feels affronted when they hurt her or make mean remarks. They make hurtful remarks about her mother, especially about the manner in which she died. She hits the kids that persistently hold that her mother died of AIDS. The family does not afford a great deal of attention to Heleen's feelings as they are still conducting funeral arrangements.

Themes

- Feeling lonely.
- Stigmatization.
- Aggression.

4.5.2.5 Session number five

Proceedings of session number five

The researcher commenced the session by enquiring what Heleen had done the previous day. She told the researcher that she had worked. She also told the researcher that she still does not know where she will be living. This visibly troubles her immensely.

The researcher gave Heleen the opportunity to make sensory contact with the clay. She then instructed Heleen to create something from the clay. Heleen made the following objects: a cat, eggs, a snake and a bath.

The researcher used Oaklander's working model (See appendix two) to explore Heleen's clay objects and the following was revealed:

- The snake bites the cat
- The cat can hear bad people's footsteps. The cat hear people saying swear words.
- The chickens laugh at the cat, but the cat knows that one day he will laugh at them.
- The cat is going home, he is living with his neighbours.
- The snake wants to hurt her.
- No one takes care of the snake. That makes the snake feel sad.
- The cat hears the people shouting that her mother had done bad things, that is why she had died.
- The cat doesn't know why they shout bad things. The cat cannot say something back to the people.

She is the cat. People shout hurtful things at her and she doesn't understand why. It doesn't matter to her how someone dies. She gets into fights with these children.

The researcher concluded the session by engaging in role-play with Heleen to assist her in situations where children shout hurtful remarks at her.

Assessment

Heleen was very tired during the session and portrays symptoms of depression (compare Van Dyk, 2001: 260). The researcher informed the case-worker of this observation and she agreed to take Heleen to a medical practitioner to evaluate her for a possible prognosis to treat her depression. Heleen feels uncertain as to where she will be living. It seems as if she has a non-descript relationship with her father whom is a contributing factor to her uncertainty (compare Makelin, 1989: 102 and Van Dyk, 2001: 260-261).

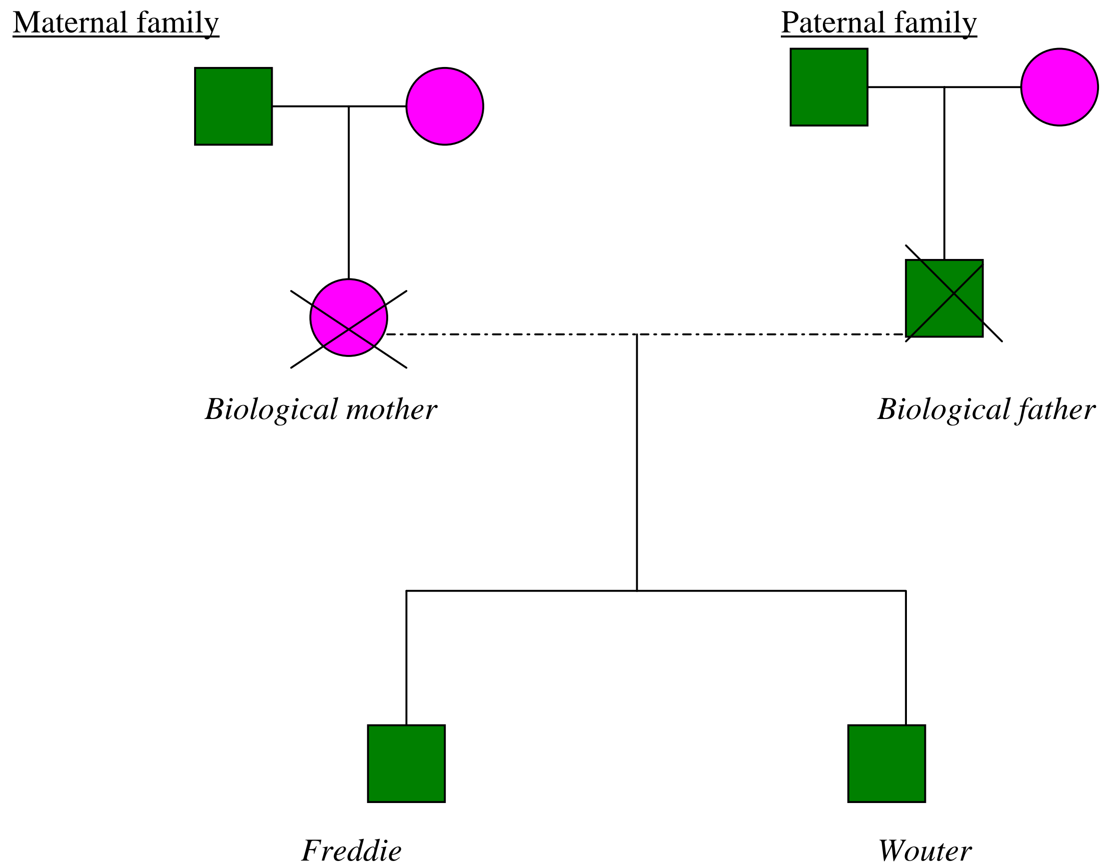
Themes

- Stigmatization.
- Feeling insecure.

University of Pretoria etd – Mengel, N (2003)

4.5.3 Case study 5: Wouter

Figure 4.3 : GENOGRAM (Case study 5)



4.5.3.1 Background information

Wouter and his brother are placed on a private arrangement in a place of safety house in Pretoria. He had lost 8 of his family members due to HIV/AIDS. Before the death of his mother, he and his brother were living with his grandparents. His grandfather however could no longer take care of him and his brother and requested help from and organization, Manager Care Centrum, in Krugersdorp.

University of Pretoria etd – Mengel, N (2003)

4.5.3.2 Session number one

Proceedings of session number one

The researcher commenced the session by explaining the aim of the research study to Wouter. The researcher further explained the use of the taperecorder and tried to make Wouter feel comfortable in its presence. Questions about his likes and dislikes were asked. Wouter told the researcher that he likes doing sums at school.

The researcher explained the proceedings of the session to Wouter. She led him on a fantasy flight and through breathing exercises helped him relax. The researcher then asked Wouter to draw that what he had seen in his mind. He drew a man, a bug, a bush and a road that covered the entire page.

The researcher used Oaklander's working model (See appendix two) to explore the picture. Through this Wouter revealed the following information:

- The bug is behind the bush. The bug wants to catch the man.
- The road leads to his house. His mother, father, sister and brother live in the house.
- When the bug wants to catch the man, he will run away to his house.
- The reason why the man is in the bush is because the man ran away from home. His father had hit him. His mother did nothing to protect him from his father.
- The man would like to stay at a place where people would look after him.

This technique was followed by applying the "completion of sentences" technique (see appendix one). The following sentences' information was significant:

- I can't…*eat*
- I get ashamed when…*people keep looking at me*
- My biggest problem is…*that I killed someone.*

Assessment

Wouter reacted very spontaneously during this session and had a high level of energy. He seemed to enjoy the attention he received from the visit. Wouter's sensory awareness is good. The signs of depression were revealed in the uncompleted sentences: " *I can't eat"*. There is a continuous theme of something chasing him away from where he lives. The researcher is of the opinion that Wouter does not experience stability in his life (compare Van Dyk, 2001: 260).

Themes

- Feeling insecure.
- Feeling sad.

4.5.3.2 Session number two

Proceedings of session number two

The researcher commenced the session with relaxation techniques. She asked Wouter to concentrate on the sounds in the environment. He was able to identify all sounds emitted from the immediate surroundings. The researcher instructed him to draw a picture of a man. Wouter drew a picture of a boy and a house. He used only one yellow crayon.

The researcher used Oaklander's working model (see appendix two) to explore the picture and the following was revealed:

- He did not use the yellow crayon for a specific reason.
- There is a happy face on the boy's shirt.
- The boy wears spectacles.
- The boy will walk to the bush, he will see a bug and then hide behind a leaf and he would hurt the bug.

- The bug bothers the boy a lot, especially when he goes to sleep. (Wouter then drew the bug).
- The bug wants to eat the boy.
- The boy bothered the bug first.
- The boy went outside and had thought it was his mother, but it was the bug.
- The boy's mother is living in another house.
- The boy was disappointed not to find his mother there.
- The bug doesn't want the boy to go to his mother. The boy can't do anything about it.
- The bug won't bother the boy when he is with his mother.
- When the bug is gone, the boy can sleep.
- The boy did not have time to say goodbye to his mother.

The researcher concluded the session by giving Wouter the opportunity to engage in an imaginary conversation with his mother. He told his mother that he loved her. The researcher reminded him that he could always talk to her, even if he cannot see her.

Assessment

Although Wouter was at first reluctant to project his own life through the drawing technique, he eventually succeeded in projecting his own life onto the picture. Wouter has trouble sleeping. He struggles to sleep at night. He gets nightmares. The nightmares are about a bug that prevents him from getting to his mother.

Theme

- Feels insecure.

4.5.3.4 Session number three

Proceedings of session number three

The researcher asked Wouther whether he could remember what they did during the previous session. Wouter was able to recall the session.
The following information was acquired through use of the rosebush- technique:
The rosebush is small; it has 7 flowers; it is red; it has 7 leaves; the leaves are small but whole; it has strong roots but they are on top of the ground; it stands in a bush; there are many friends around it; the rosebush takes care of itself.

Through further exploration of the picture through Oaklander's working model Wouter told a story of how the little man's mother told him to chop down the rosebush. The rosebush pricked the little man. The little man's mother chased the rosebush's family away because they wanted to hurt the rosebush.

Wouter explained to the researcher that someone had placed a spell on his mother, which is why she died of AIDS. He also revealed that his mother died in hospital and it seems as if no one explained to him what caused her death. Wouter is afraid that someone will place a spell on him as well (compareVan Dyk, 2001: 32-33).

Assessment

Wouter was very honest with the researcher when he told her that he is growing a little tired of the sessions. He however still engaged spontaneously with the researcher. There is always someone taking or chasing him away from where he lives. Wouter mystified the way in which HIV is contracted by saying that someone had put a spell on his mother. He is scared that someone will put a spell on him too (compare Makelin, 1989: 102; Schoeman, Van Ede & Wait, 1996: 363; Bender, 2000: 29 and Van Dyk, 2001: 260-261).

Themes

- Instability.
- Preoccupation with death – scared that he would die too.

4.5.3.4 Session number four

Photo Image 7: Wouter's sand tray

Proceedings of session number four

The researcher gave Wouter the opportunity to explore the sand tray and make sensory contact with the sand. The researcher then instructed Wouter to make a picture in the sand tray.

The researcher used Oaklander's working model (See appendix two) to explore the sand tray and the following was revealed:

- Wouter told a story about two action heroes that wanted to frighten the lion. Then the lion bit the action heroes and one of the action heroes died. The snake then came and bit the lion. Then the lion died. The snake then

left to go and sleep. Everything in the sand tray had died. The action heroes died because they teased the lion.

- The snake and the lion did not want to live in the sand tray any longer. The other world looked much better; there were trees and birds. The action heroes tried to stop the lion and the snake from leaving.
- Wouter identified with Batman. He is very strong and he hits all the characters. He engages in conversation with the characters and says that he doesn't want to live there anymore. Wouter demonstrated destructive behaviour when he identified with Batman.
- Wouter explained how the other world would look. It would be full of people that he loved.
- Wouter performed various scenes in the sand tray with all the scenes ending in all the characters dying.

Assessment

Wouter enjoyed working with this medium. He needed almost no prompting from the researcher and engaged spontaneously in imaginary dialogue with the characters. Wouter becomes as angry as Batman does. He also would like to live at a place where there were more family members. He doesn't understand why he cannot live there. He told the researcher that his grandfather told them that they cannot live there anymore. The grandfather did not give him a reason for this. Him, his brother and his mother used to stay with his grandfather. He had a need to see more of his family.

The researcher followed this information up with the place of safety mother. She confirmed that the grandfather did not want Wouter and his brother to live there because their mother had died of AIDS. The grandfather is afraid that the community would find out that his daughter died of AIDS (compare Van Dyk, 2001: 32-33).

Themes

- Anger.
- Insecurity.
- Stigmatization.
- Preoccupation with death.

4.5.3.6 Session number five

Proceedings of session number five

The researcher gave Wouter the opportunity to make sensory contact with the clay medium.

Wouter made a man out of the clay. The researcher used Oaklander's working model (see appendix two) to explore the clay figure. The following was revealed:

- The clay man wants to be a mechanic when he grows up. He is living with an aunt. His father just went away and his mother died. His heart is sore and he doesn't know why. Someone had put a spell on his mother and then she died. They almost put a spell on him, but he ran away. The spell made her get AIDS (compare Van Dyk, 2001: 32-33).
- Wouter demonstrated how heartbroken he is by breaking the clay into pieces. The people that had put a spell on his mother had made his heart so sore.
- Wouter made the men that had put a spell on his mother. He took the opportunity to demonstrate his anger towards them.
- Wouter is afraid that everyone he loves will die. Wouter told the researcher that eight off his family members have already died of AIDS.

Assessment

Wouter enjoyed working with the clay medium and was able to make sensory contact with it. The researcher is of the opinion that he was ready for termination of the therapy as he revealed no new themes. Wouter once again mystified the way in which HIV is contracted. He is afraid that he will contract the virus. He is also scared that everyone he loves will die (compare Makelin, 1989: 102 and Van Dyk, 2001: 260-261). Wouter harbours a great deal of anger towards the people whom he believes are to blame for his mother's illness (compare Dyregrov, 1991: 44).

Themes

- Anger.
- Preoccupation with death.
- Afraid of dying.

4.6 SUMMARY OF THEMES FROM CASE STUDIES

Children	**Sessions**				
	Session 1	**Session 2**	**Session 3**	**Session 4**	**Session 5**
1. Sakkie	- A need for closeness -Feeling of inadequacy	• Longing for his mother. • Preoccupied with his mother's physical features as when she was ill.	• Feelings of insecurity • Feelings of inadequa-cy	• Anger. • Aggression. • Feelings of hopelessness. • Feelings of powerlessness. • Preoccupation with death.	• Disheartenment. • Preoccupa-tion with death.
2.Chantel	• Inner badness. • Longing for her mother. • Loneliness	• Preoccupied with her mother's physical features as when she was ill. • Anger.	• Insecurity .	• Anger. • Preocco-pation with death. • Sadness. • Fear of dying.	• Sexual molestation
3. Charlene	• Longing for her mother • Stigmatization	• Anger • Feeling deprived	• Feeling deprived.	• Feels alone. • Stigmatization. • A desire to help	• Fear of dying.

				people. • Preoccupied with death.	
4.Heleen	• Feeling unhappy. • Stigmatization.	• Loneliness. • Feeling insecure.	• Intense longing for her mother. • Feeling insecure.	• Feeling lonely. • Stigmatization. • Aggression.	• Stigmatization. • Feeling insecure.
5.Wouter	• Feeling insecure.	• Feels insecure.	• Instability. • Preoccupation with death – scared that he would die too.	• Anger. • Insecuri-ty. • Stigmatization. • Preoccupation with death.	• Anger. • Preoccupation with death. • Afraid of dying.

4.7 SUMMARY

- Five children, whom are registered as clients with Pretoria Child and Family Care Society, where assessed over a period of one week.

- The following techniques were utilized over five sessions: fantasy flight, incomplete sentences, draw-a-person, rosebush-technique, sand tray, and clay.

- Central themes:

↳ *Longing for the deceased mother.*
↳ *Loneliness.*
↳ *Stigmatizaton.*
↳ *Preoccupation with the physical features of the deceased.*
↳ *Anger.*
↳ *Insecurity.*
↳ *Preoccupation with death.*
↳ *Anger.*
↳ *Fear of dying.*

CHAPTER FIVE
CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

An empirical study of qualitative nature was undertaken. The study investigated the following research question: *What are the emotional needs of HIV/AIDS affected orphans?* A literature investigation relating to the background of HIV/AIDS and middle childhood was done. The empirical investigation was done with five children as respondents, registered as clients with the Pretoria Child and Family Care Society. They were assessed by means of the utilization of six different Gestalt therapy techniques. The collected data were analyzed and themes were identified.

This chapter serves as a summary of the research process and results. Conclusions and recommendations are also made.

5.2. CHAPTER ONE: GENERAL INTRODUCTION

5.2.1 Summary

The need to understand the emotional needs of HIV/AIDS orphans was discussed, as little previous studies have been undertaken on HIV/AIDS orphans and even less on the emotional needs of the HIV/AIDS population in South Africa. The number of HIV/AIDS orphans is rising dramatically. Due to the stigma that is associated with this epidemic, one can expect that these children will be isolated in their grieving process, or they might not be able to disclose all the facts regarding the parent's death and the feelings accompanied by this. It is therefore important to determine what the emotional needs of these children are, so that they can be addressed properly.

The objective of this research study was to assess the emotional needs of HIV/AIDS orphans. Five respondents between the ages of seven to thirteen years were assessed. The assessment was done over a period of one week. The process of exploratory research was followed in obtaining the data. Gestalt play therapy techniques were utilized in assessing the respondents and thereby qualitative data was obtained. The

researcher followed the guidelines given by Poggenpoel (1998: 337 – 338) to analyse the data. Attention was given to the words and phrases that the respondent used. These responses were clarified and pharafrased inorder to establish themes. Similiar themes were identified.

5.2.2 Conclusions

From the general introduction to the research investigation the following conclusions can be drawn:

- The qualitative approach is the most appropriate approach to be utilized in this research study as the researcher is interested in the specific emotional needs of HIV/AIDS orphans, not the quantity of emotional needs.
- Five respondents were purposively identified for this research project. Though the sample was small, similar themes appeared in the assessment of all respondents. Purposive sampling is appropriate when the researcher wants to identify particular types of cases for in-depth investigation. This method was applicable in this research study, as the researcher was able to obtain a homogenic group of respondents in order to determine what the emotional needs of HIV/AIDS orphans in middle childhood were.
- The stigma that is still attached to this disease made it difficult for the researcher to obtain respondents from other cultures.
- Gestalt play therapy techniques were the most appropriate manner in which the respondents could be assessed, as play is a natural form of communication for children.

5.2.3 Recommendations

- Specific emotional needs of HIV/AIDS orphans were identified. The identified needs should be addressed in therapy when working with HIV/AIDS orphans.
- The respondents were children from a less fortunate coloured community. It is recommended that respondents from other cultures and social classes also be submitted to a similar research project.

5.3 CHAPTER TWO: A HISTORICAL BACKGROUND TO HIV/AIDS

5.3.1 Summary

Chapter two contains a historical background to HIV/AIDS. Background on HIV/AIDS and the demographic impact of the disease on South Africa is given. The impact that HIV/AIDS has on people was demarcated. Firstly the impact that HIV/AIDS has on the patient is discussed and secondly the impact that it has on the affected significant others of the patient.

There are three ways in which HIV is transmitted from one person to another, namely: sexual intercourse with an HIV-infected person, through contaminated blood and vertical transmission. Many myths relating to transmission of HIV still exist which contribute to the stigma regarding HIV/AIDS. These myths spread because of the fear people have and a lack of knowledge about HIV/AIDS.

HIV-infected people are affected psychosocially, spiritually and economically by their infection, which renders them inadequate to attend to the needs of the significant others around them, especially their children.

The affected significant others experience more or less the same psychosocial feelings as do their HIV-positive loved ones, namely the same feelings of depression, loneliness, fear, uncertainty, anxiety, anger, emotional numbness and, at times, hope.

Children suffer when their parents are infected, and the needs of children with infected parents are often neglected. These children are largely excluded from the counseling process, because people do not know how to approach them.

5.3.2 Conclusions

- HIV/AIDS does not only have a psychosocial effect on the patient with the disease, but also on the significant others. Significant others may experience the

following: depression, loneliness, fear, uncertainty, anxiety, anger, emotional numbness and even hope.

- Various myths exist relating to the transmission of HIV that contributes to the stigma attached to AIDS. This contributes to the fact that affected/infected children often being isolated in their grieving process.

5.3.3 Recommendations

- Therapists working with the affected and infected persons of HIV/AIDS need to have an understanding of the different phases of the HIV infection in order to prepare them for what lies ahead.
- Therapists need to have an understanding of the emotional impact that HIV/AIDS has on the infected person and that this person often cannot attend to the affected significant others.
- Affected children should be involved in the counseling process.
- All possible efforts should be employed in preventing the myths regarding HIV/AIDS from spreading.
- Social workers need to convey empathy to the affected and infected HIV/AIDS community. Affected and infected people need support and social workers are able to assist, however they firstly need to create a mutual trust environment for infected people to come forward in revealing their status. Social workers need to convey to the community that their intention will not be to remove a child from parental care if the HIV-status is known, but that support to the family will be given.

5.4 CHAPTER THREE:MIDDLE CHILDHOOD

5.4.1 Summary

Chapter three gives a theoretical background of middle childhood. The chapter is divided in two parts: a discussion of the child in middle childhood and the family during middle childhood. Attention is given to the developmental tasks, developmental characteristics and the understanding of death of a child during middle

childhood. Attention is also given to the family in middle childhood with specific emphasis on the developmental tasks and needs of the family and the developmental tasks of siblings.

A child in middle childhood is between the age of six years and twelve years. During this stage the child must develop feelings of industry in order for the child to successfully transfer to the next developmental stage. The child needs to obtain skills in order for him to function independently of his family in a school environment. Physical development during middle childhood is less erratic and less turbulent than that of early childhood or adolescence.

The family has certain tasks to fulfill in order to assist the child in successfully compling the middle childhood developmental stage.

During middle childhood a child develops principles, which directs his behavior in discerning right and wrong. During the pre-conventional level a child's consideration of whether an act is wrong or right is based on whether the action is rewarded or punished. During the second phase of the pre-conventional level the child will conform to rules in order to obtain rewards to satisfy personal needs.

The child in middle childhood experiences emotions that appear more frequently and more intensively. Concrete fears decline during middle childhood, but fear of the unknown, unnatural and imaginary increases. At the end of middle childhood the child is able to control his or her emotions. The motivation for this is the desire to be accepted by others.

The child in middle childhood spends increasingly more time away from the family. One of the most important social groups in middle childhood is that of the peer-group. The peer-group also plays a crucial role in the child's development and serves various functions.

The self-concept develops during middle childhood. Children develop a concept of how they are and how they wish to be. The child does not only describe himself in terms of what he is able to do, but also how well he can successfully complete an

activity. The self-concept of a child is influenced by the way in which that he can regulate his behavior.

The child has the cognitive ability to realize what loss will mean to him. It is at this stage of development that children come to recognize the possibility of their own deaths. Children in this development stage are interested in objective observation, in concrete physical and mechanical aspects of things and processes, and in the laws of describing them.

The family plays an important role in middle childhood. The family has certain tasks to perform in order to assist the child to successfully complete the middle childhood developmental stage.

The child needs to spend more time away from home, and if the parents hinder the child in doing this, difficulties in successfully completing developmental tasks arise.

5.4.2 Conclusions

- Middle childhood is the developmental stage between six and twelve years. The child has certain developmental tasks that need to be completed in order to successfully progress to the following developmental stage. The most important of these tasks is establishing a feeling of industry.
- The child has the cognitive ability to realize what the impact of loss will be. Children in this development stage are interested in objective observation, in concrete physical and mechanical aspects of things and processes, and in the laws of describing them.

5.4.3 Recommendations

- A clear understanding of the developmental stage in which an affected child occurs needs to be established before engaging in therapy. This is important since it will determine the type (and method of transfer) of information relating the disease.

- In the case of having a parent die of HIV/AIDS, the child needs to have the opportunity to spend time away from home, in order for him to develop the developmental task acquired. The therapist needs to prepare the affected child through role-play on the possible discrimination that he will encounter.
- The therapist needs to address the child's fears in therapy, specifically the fear for the unknown and the unnatural. This is especially important when the child encounters myths regarding HIV/AIDS. The therapist also needs to address the child's fear of dying.

5.5. CHAPTER FOUR: EMPIRICAL DATA

5.5.1 Summary

Five children registered as clients with Pretoria Child and Family Care Society were involved in the research project. They were purposively chosen as they met the criteria, namely:

- In the age group of seven to thirteen years of age
- Boys and girls
- All cultures
- Parent/s have died of HIV/AIDS in the past year

The children were individually assessed over a period of one week. The researcher utilised the following Gestalt therapy techniques in assessment: fantasy flight, incomplete sentences, draw-a-person, rosebush-technique, sand tray and clay. After the data was recorded, themes were identified from each individual session.

5.5.2 Conclusions

- The following are prominent themes wich transpired in the five case studies:
  - *Longing for the deceased mother.*
  - *Loneliness.*
  - *Stigmatization.*

- *Preoccupation with the physical features of the deceased.*
- *Anger.*
- *Insecurity.*
- *Preoccupation with death.*
- *Fear of dying.*

- As revealed in the research study none of the respondents' first source of knowledge of the parent's HIV status was directly from the parent. This contributed to the isolation they experienced during their grieving process as well as the stigma attached to the disease. Myths regarding the disease were further strengthened.
- All the respondents lost a mother to HIV/AIDS.
- All the respondents were colored and came from a low socio-economic class.
- The respondents were most at ease with the sand-tray technique and the clay-technique, as these techniques required no skill and they were mediums that the respondents were familiar with.

5.5.3 Recommendations

- It is important that parents be guided in approaching their children appropriately in conveying their HIV-status. This will help to prevent the myths from spreading. The social worker can play an important role in doing this so as to lessen the pain of the information to both parent and child.
- Therapy needs to be given to affected children as soon as possible. The process of therapy can start before the parent reaches the final stage of the disease. The child needs to be prepared as to his parent's physical deterioration.
- A life book needs to be compiled with the children to give them the opportunity to savour recollections of his or her parent before the onset of the disease. Affected children also need the opportunity to work through their anger regarding the disease in a therapeutic environment.
- Play therapy techniques more suitable to other cultures, such as the colored – and black culture, need to be developed.

- Social workers need to be trained in dealing with children during the grieving process with specific attention given to how AIDS affects the grieving process.
- The following aspects can be explored in for further research in this field:

  Establishment of a therapeutic program for affected children. This will entail an effective methodology for conveying HIV status, development of therapy techniques/programs to prepare the child for the loss of the loved one and its implications and empoweringthe future substitute family unit with skills on dealing with the emotional needs of the orphaned children.

  A comparison between the emotional needs of those children who have knowledge regarding their parent/s status and those who do not.

5.6 EVALUATING ATTAINMENT OF GOALS AND OBJECTIVES

5.6.1 Goal

The goal of this research study was to assess the emotional needs of HIV/AIDS orphans.

The researcher was succesful in achieving this goal. By involving the respondents over a period of one week in different assessment techniques, specific emotional needs were identified.

5.6.2 Objectives

5.6.2.1 Objective one

Obtaining a theoretical framework of the historical background of HIV/AIDS and middle childhood.

A comprehensive literature study regarding the historical background of HIV/AIDS and middle childhood was conducted. In this the researcher obtained an understanding as to the psychological impact that HIV/AIDS can have on the patient and the affected significant others. The researcher was also able to grasp the effect of death on a child in middle childhood, and how the child perceives death.

5.6.2.2 Objective two

Utilising empirical data to determine what the specific emotional needs of HIV/AIDS orphans are.

This objective was achieved. Central themes that were portrayed in the assessment were identified, as the specific emotional needs of HIV/AIDS orphans.

5.6.2.3 Objective three

Reference to the literature study and the empirical data was made in order to draw and make conclusions and make recommendations regarding the emotional needs of HIV/AIDS orphans to be incorporated in intervention.

This objective was achieved. Conclusions and recommendations were made through reference to the literature study and the empirical data. Specific emotional needs of HIV/AIDS orphans were identified, which can be addressed in intervention.

5.7 TESTING OF THE RESEARCH QUESTION

5.7.1 Research question

The research question for this research study was:

What are the emotional needs of HIV/AIDS orphans?

The research question was elaborately answered. The following are emotional needs that the respondents revealed:

- ***Longing for the deceased mother.***
- ***Loneliness.***
- ***Stigmatization.***
- ***Preoccupation with the physical features of the deceased.***
- ***Anger.***
- ***Insecurity.***
- ***Preoccupation with death.***
- ***Fear of dying.***

5.8 CONCLUSIVE REMARKS

HIV/AIDS has assumed epidemic proportions in South Africa. Soon every social worker will be exposed to dealing with clients that are either infected or affected by this disease. A social worker needs to make a proper assessment, with every social problem, prior to intervention. This is necessary to ensure productive and effective intervention as time and resources are scarce. The research study has achieved its goal of identifying emotional needs of HIV/AIDS orphans. These identified needs are an ideal point of departure in developing an intervention program addressing the emotional needs of HIV/AIDS orphans.

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APPENDIX ONE: INCOMPLETE SENTENCES QUESTIONNAIRE

(Developed by Kempton Park Child and Family Care Society to assess problem growth areas)

Name: **Date:**

1. I regret____
2. I hate____
3. I avoid____
4. I can't____
5. I get angry____
6. I don't have time to_______________________________________
7. I get embarressed____
8. I worry about____
9. I shouldn't____
10. I am scared when____
11. I wish I hadn't____
12. I feel sad when____
13. I wish I____
14. I feel lonely when____
15. I didn't mean to____
16. My biggest problem is______________________________________
17. I am the most afraid of_____________________________________
18. My biggest enemy is_______________________________________
19. The most difficult thing for me to do__________________________
20. Others do not like me, because______________________________
21. I don't like myself because__________________________________
22. If I could change one thing about myself ______________________
23. Between me and you_______________________________________

24. I feel bad when____

25. I will never forget____

APPENDIX TWO: OAKLANDER'S WORKING MODEL (1988: 53-56)

1. Have the child share the experience of drawing – his feelings about approaching and doing the task, how he approached and continued the task, his process. This is a sharing of self.

2. Have the child share the drawing itself, describing the picture in his own wau. This is a further sharing of self.

3. On a deeper level, promt the child's further self-discovery by asking him to elaborate on the parts of the picture: making parts more clearer, more obvious; describing the shapes, forms, colours, representations, objects, people.

4. Ask the child to describe the picture as if it were the child, using the word "I".

5. Pick specific things in the picture for the child to identify with.

6. Ask the child questions, if necessary , to aid the process. These questions will come out of your ability to "get into" the drawing along with the child, and to open yourself up to the many possible ways to exist, function and relate.

7. Further focussiong the child's attention, and sharpening his awareness by emphasis and exaggeration of a part or parts of a picture.

8. Have the child dialogue between two parts in his picture or two contact or opposing points.

9. Encouraging the child to pay attention to colour. Ask the following questions: " *Think about the colours that you're going to use. What do bright colours mean to you? What do dark colours mean to you?"*.

10. Watch out for cues in the child's voice tone, body posture, facial and body expression, breathing, silence. Use these cues to promote flow in your work.

11. Work on identification, helping the child to "own" what has been said about the picture or parts of the picture. For example ask: "*Do you ever feel that way? Does that fit with your life in any way? Is there anything you said as a rosebush that you could say for you as a person?"*

12. Leave the projection and work on the child's own life situation and unfinished bussiness that came out of the projection.

13. Look out for missing parts or empty spaces in the projection and attend to it.

14. Stay with the child's foreground flow, or attend to your own foreground. Sometimes one goes with what is there and sometimes with what is not there.

APPENDIX THREE

Participant's name:............................ Date:.............................

Researcher:..

INFORMED CONSENT

1.	Title of study:	A social work assessment into the emotional needs of HIV/AIDS orphans.
2.	Purpose of the study:	The goal of this study is to assess the emotional needs of HIV/AIDS orphans.
3.	Risks and discomforts:	There are no known risks or discomforts associated with this project.
4.	Benefits:	I understand there are no known direct medical benefits to my child/ child in my care for participating in this study. However, the results of the study may help researchers gain a better understanding of what the emotional impact of HIV/AIDS on a child is.
5.	Participant's rights:	My child/the child in my care may withdraw from participating in the study at any time.
6.	Confidentiality:	I understand that the results of testing will be kept confidential unless I ask that they be released. The results of this study may be published in professional journals or presented at professional conferences, but the child's records or identity will not be revealed unless required by law.

I understand my child's/ child in my care's rights as a research subject, and I voluntarily consent to his/her participation in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

_______________________________ _______________________

Parent's/Legal guardian's signature **Date**