A SOCIAL WORK ASSESSMENT OF THE EMOTIONAL NEEDS OF HIV/AIDS ORPHANS

by

Nadia Mengel

Submitted in partial fulfilment of the requirements for the degree

MAGISTER ARTIUM

In

SOCIAL WORK

(PLAY THERAPY)

in the

Faculty of Humanities

at the

UNIVERSITY OF PRETORIA

PRETORIA

Study Leader: Dr C.E. Prinsloo

October 2003
Sincere thanks to the following people:

- *All the honour goes to our creator, God. Because with Him we are able to accomplish anything.*
- Dr C.E. Prinsloo for her inspiration and guidance throughout the research study.
- My husband, Stan, for his support and assistance in completing this research. Thank you for always believing in me.
- To my parents, for creating opportunities in my life.
- To Pretoria Child and Family Care Society for allowing me to do the research within their organization.
- To the respondents for opening up and sharing their grief.
SUMMARY

A SOCIAL WORK ASSESSMENT OF THE EMOTIONAL NEEDS OF HIV/AIDS ORPHANS

By

Nadia Mengel

Study leader: Dr C.E. Prinsloo
Department of Social Work
University of Pretoria

Degree: M.A. (S.W.) Play therapy

HIV/AIDS has assumed epidemic proportions in the world of today. The main age group infected by this disease is between the ages of 20 – 40 years. The result of this is that the children who are not infected by the disease will be orphaned and forced to assume the role of head of the house and breadwinner, at a stage in their lives when they should not be burdened with these responsibilities.

Orphans are perhaps the most tragic long-term legacy of the HIV/AIDS pandemic. The stigma attached to HIV/AIDS exacerbates the trauma, hampers the bereavement process and exposes children to discrimination and victimization in their community and their extended family.
Investigation into existing literature has revealed that insufficient previous studies have been conducted on HIV/AIDS orphans and even fewer pertaining to the emotional needs of the HIV/AIDS infected population in the South African context. For the purpose of this study it was decided to assess the emotional needs of HIV/AIDS affected orphans in the developmental stage of middle childhood.
A literature investigation into the historical background of HIV/AIDS was done and the demographic impact of the disease on South Africa was given. The impact that HIV/AIDS has on the patient was discussed along with the impact that it has on the affected significant others of the patient.

Secondly a literature investigation on middle childhood was done. The child in middle childhood as well as the family with children in middle childhood was discussed. Attention was given to the developmental tasks,
developmental characteristics and the child’s comprehension of death during middle childhood. Attention was also afforded to the family with children in middle childhood with specific emphasis on the developmental tasks and needs of the family and the developmental tasks of siblings.

The aim of the research study was to assess the emotional needs of HIV/AIDS orphans. An exploratory research design by means of a qualitative approach was followed. Five respondents were purposively
sampled that complied with the set criteria. They were assessed through the utilization of six different Gestalt therapy techniques over a period of one week. Themes were identified through the empirical study.

The research question “What are the emotional needs of HIV/AIDS orphans?” was answered and the following emotional needs of the respondents were identified:

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

The following themes can be considered for further research in this field:

- Establishment of a therapeutic program for affected children.
- A comparison between the emotional needs of those children who have knowledge regarding their parent/s status and those who do not.
KEYWORDS

Assessment

Affected significant others

Developmental tasks

Emotional needs

Gestalt play therapy techniques

Gestalt play therapy

HIV/AIDS

HIV/AIDS orphans

Play therapy

Middle childhood
OPSOMMING

‘n MAATSKAPILIKEWERK ASSESSERING VAN DIE EMOSIONELE BEHOEFTES VAN MIV/VIGS WEESKINDERS

Deur

Nadia Mengel

Studieleier: Dr C.E. Prinsloo
Departement Maatskaplike Werk
Universiteit van Pretoria

Graad: M.A. (M.W.) Spelterapie

MIV/VIGS het epidemiese afmetings in die wêreld van vandag aangeneem. Die vernaamste ouderdomsgroep wat deur hierdie siekte geïnfekteer word, is in die ouderdomsgroep 20 – 40 jaar. Dit het tot gevolg dat kinders wat nie geïnfekteer is nie, wees gelaat word. Hulle word gedwing om die rol van ‘n broodwinner of hoof van die
huis aan te neem, in ‘n fase van hulle lewe waar hulle nie veronderstel is om hierdie verantwoordelikhede te dra nie.

Weeskinders is waarskynlik die mees tragiese langtermyngevolg van die MIV/VIGS pandemie. Die stigma verbonde aan MIV/VIGS vererger die trauma wat die kind ervaar, belemmer die rouproses en stel die kinders bloot aan diskriminasie en viktimisering in hulle gemeenskap en hulle uitgebreide familie.

‘n Onderzoek na bestaande literatuur het aangedui dat daar nie genoegsame navorsing ten opsigte van MIV/VIGS weeskinders en nog minder ten opsigte van die emosionele behoeftes van die MIV/VIGS populasie in ‘n Suid Afrikaanse konteks, gedoen is nie. Vir die doel van die navorsing is daar besluit om die emosionele behoeftes van MIV/VIGS geaffekteerde weeskinders in die middelkinderjare te assesseer.

‘n Literatuuronderzoek na die historiese agtergrond van MIV/VIGS is gedoen en die demografiese impak van die siekte in Suid Afrika is weergegee. Die impak wat MIV/VIGS op die pasient en op die geaffekteerde betekenisvolle ander persone het, is bespreek.

‘n Literatuuronderzoek is tweedens oor die middelkinderjare gedoen. Die kind in die middelkinderjare asook
Die gesin met kinders in die middelkinderjare is bespreek. Klem is gelê op die ontwikkelingstake, -eienskappe en die kind se begrip van dood gedurende die middelkinderjare. Klem is ook gelê op die ontwikkelingstake en behoeftes van die gesin asook die ontwikkelingstake van die sibbe.

Die doelstelling van die navorsing was om die emosionele behoeftes van MIV/VIGS geaffekteerde weeskinders te assesseer. Die verkennende navorsingsontwerp is aan die hand van die kwalitatiewe navorsingsbenadering gebruik. Vyf respondente is doelbewus geselekteer wat aan die voorgeskrewe kriteria voldoen het. Hulle is geassesseer deur die gebruik van ses verskillende Gestaltterapie tegnieke oor ‘n periode van een week. Temas is vanuit die empiriese studie geïdentifiseer.

Die navorsingsvraag, “Wat is die emosionele behoeftes van HIV/AIDS weeskinders?”, is beantwoord en die volgende emosionele behoeftes is by die respondente geïdentifiseer:

- ‘n Verlange na die oorlede moeder.
- Eensaamheid.
- Stigmatisering.
- Gepreokkupeerd met die fisiese voorkoms van die oorledene.
- Aggressie.
- Onsekerheid.
- Preokkupasie met dood.
- Vrees om dood te gaan.

Die volgende aspekte kan vir verdere navorsing oorweeg word:
- Die ontwikkeling van ’n terapeutiese program vir geaffekteerde kinders.
- ’n Vergelykende studie ten opsigt e van die emosionele behoeftes van geaffekteerde kinders wat bewus is van hulle ouers se MIV/VIGS status en diegene wat onbewus is daarvan.
SLEUTELTERME

Assessering
Geaffekteerde betekenisvolle ander
Ontwikkelingstake
Emosionele behoeftes
Gestalt spelterapietegnieke
Gestalt spelterapie
MIV/VIGS
MIV/VIGS weeskinders
Spelterapie
Middelkinderjare
# INDEXS

## CHAPTER ONE - GENERAL INTRODUCTION

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>1.2 MOTIVATION FOR THE CHOICE OF TOPIC</td>
<td>2</td>
</tr>
<tr>
<td>1.3 PROBLEM FORMULATION</td>
<td>3</td>
</tr>
<tr>
<td>1.4 GOALS</td>
<td>5</td>
</tr>
<tr>
<td>1.4.1 Goal</td>
<td>5</td>
</tr>
<tr>
<td>1.4.2 Objectives</td>
<td>5</td>
</tr>
<tr>
<td>1.5 RESEARCH QUESTION</td>
<td>5</td>
</tr>
<tr>
<td>1.6 RESEARCH APPROACH</td>
<td>6</td>
</tr>
<tr>
<td>1.7 TYPE OF RESEARCH</td>
<td>6</td>
</tr>
<tr>
<td>1.8 RESEARCH DESIGN</td>
<td>6</td>
</tr>
<tr>
<td>1.9 RESEARCH PROCESS</td>
<td>7</td>
</tr>
<tr>
<td>1.9.1 The process of conducting an in-depth interview</td>
<td>8</td>
</tr>
<tr>
<td>1.9.2 Practical adjustments for in-depth interview with children</td>
<td>9</td>
</tr>
<tr>
<td>1.10 PILOT STUDY</td>
<td>10</td>
</tr>
<tr>
<td>1.10.1 Literature study</td>
<td>10</td>
</tr>
<tr>
<td>1.10.2 Consultation with experts</td>
<td>11</td>
</tr>
<tr>
<td>1.10.3 Feasibility</td>
<td>12</td>
</tr>
<tr>
<td>1.11 DEFINING UNIVERSE, SAMPLE AND METHOD OF SAMPLE</td>
<td>12</td>
</tr>
<tr>
<td>1.11.1 The universe of the research project</td>
<td>12</td>
</tr>
<tr>
<td>1.11.2 Sampling</td>
<td>12</td>
</tr>
<tr>
<td>1.12 ETHICAL ISSUES</td>
<td>13</td>
</tr>
<tr>
<td>1.12.1 Harm to experimental subjects and/or respondents</td>
<td>13</td>
</tr>
<tr>
<td>1.12.2 Informend concent</td>
<td>14</td>
</tr>
</tbody>
</table>
1.12.3 Deception of subjects and/or respondents

1.12.4 Violation of privacy

1.12.5 Actions and competence or researchers

1.12.6 Release of publication of findings

1.12.7 Restoration of subjects or respondents

1.13 DEFINITION OF KEY CONCEPTS

1.13.1 HIV-virus and AIDS

1.13.2 Middle Childhood

1.13.3 Gestalt play therapy

1.13.4 Orphans

1.13.5 Assessment

1.14 LIMITATIONS OF RESEARCH STUDY

1.15 DIVISIONS OF RESEARCH REPORT

1.16 SUMMARY

CHAPTER TWO – HISTORICAL BACKGROUND TO HIV/AIDS

2.1 INTRODUCTION

2.2 DEFINITION OF AIDS

2.3 DEFINITION OF HI-VIRUS

2.4 HISTORICAL BACKGROUND TO HIV/AIDS

2.5 DEMOGRAPHIC IMPACT

2.6 TRANSMISSION OF HIV

2.6.1 Sexual intercourse with a HIV-infected person

2.6.1.1 Heterosexual contact

2.6.1.1 Homosexual contact

2.6.2 Transmitting HIV through contaminated blood
2.6.2.1 Blood transfusion and blood products

2.6.2.2 Blood-contaminated needles, syringes and other sharp instruments

2.7 VERTICAL TRANSMISSION

2.8 MYTHS ABOUT TRANSMISSION

2.9 THE DIFFERENT PHASES OF HIV INFECTION

2.9.1 Primary HIV infection phase

2.9.2 The asymptomatic latent phase

2.9.3 The minor symptomatic phase

2.9.4 The major symptomatic phase of HIV infection and opportunistic disease

2.9.5 AIDS-defining condition: the severe symptomatic phase

2.10 THE IMPACT OF HIV ON THE PATIENT

2.10.1 Fear

2.10.2 Loss

2.10.3 Grief

2.10.4 Guilt

2.10.5 Denial

2.10.6 Anger

2.10.7 Anxiety

2.10.8 Low self-esteem

2.10.9 Depression

2.10.10 Suicidal behaviour or ideation

2.10.11 Obsessive conditions and hypochondria

2.10.12 Spiritual concerns

2.10.13 Socio economical issues
2.11 THE IMPACT OF HIV INFECTION ON AFFECTED SIGNIFICANT OTHERS

2.12 CONCLUSION

CHAPTER THREE – MIDDLE CHILDHOOD

3.1 INTRODUCTION

3.2 THE CHILD IN MIDDLE CHILDHOOD

3.2.1 Developmental tasks

3.2.2 Developmental characteristics

3.2.2.1 Physical development

3.2.2.1.1 General physical development

3.2.2.1.2 Motor skills

3.2.2.2 Cognitive development

3.2.2.3 Language development

3.2.2.4 Moral development

3.2.2.5 Emotional development

3.2.2.6 Social development

3.2.2.7 Personality development

3.2.3 The child’s understanding of death

3.3 THE FAMILY IN MIDDLE CHILDHOOD

3.3.1 Family tasks in middle childhood

3.3.2 Developmental needs of parents

3.3.3 Developmental needs of siblings

3.4 SUMMARY

CHAPTER FOUR – EMPIRICAL DATA
4.1 INTRODUCTION

4.2 RESEARCH PROCESS

4.3 OBJECTIVES AND TECHNIQUES OF THE INTERVENTION PROCESS

4.3.1 Session number one

4.3.1.1 Aim

4.3.1.2 Objective of session one: Establishing a therapeutic relationship

4.3.1.3 Techniques used in session one

4.3.2 Session number two

4.3.2.1 Aim

4.3.2.2 Objective of session two: Assessment via creative play

4.3.2.3 Techniques used in session two

4.3.3 Session number three

4.3.3.1 Aim

4.3.3.2 Objective of session number three

4.3.3.3 Techniques used in session number three

4.3.4 Session number four

4.3.4.1 Aim

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

4.3.4.3 Techniques used in session number four

4.3.5 Session number five

4.3.5.1 Aim

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

4.3.5.3 Techniques used in session number five

4.4 SUMMARY OF CASE STUDIES
4.5 DISCUSSION OF CASE STUDIES

4.5.1 Case study 1, 2 and 3

4.5.1.1 Background information

4.5.1.2 Case study 1: Sakkie

4.5.1.2.1 Session one

4.5.1.2.2 Session number two

4.5.1.2.3 Session number three

4.5.1.2.4 Session number four

4.5.1.2.5 Session number five

4.5.1.3 Case study 2: Chantel

4.5.1.3.1 Session number one

4.5.1.3.2 Session number two

4.5.1.3.3 Session number three

4.5.1.3.4 Session number four

4.5.1.3.5 Session number five

4.5.1.4 Case study 3: Charlene

4.5.1.4.1 Session number one

4.5.1.4.2 Session number two

4.5.1.4.3 Session number three

4.5.1.4.4 Session number four

4.5.1.4.5 Session number five

4.5.2 Case study 4: Heleen

4.5.2.1 Background information

4.5.2.1.1 Session number one

4.5.2.2 Session number two

4.5.2.3 Session number three
4.5.2.4 Session number four
4.5.2.5 Session number five
4.5.3 Case study 5: Wouter
4.5.3.1 Background information
4.5.3.2 Session number one
4.5.3.3 Session number two
4.5.3.4 Session number three
4.5.3.5 Session number four
4.5.3.6 Session number five
4.6 SUMMARY OF THEMES FROM CASE STUDIES

CHAPTER FIVE – CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION
5.2 CHAPTER ONE: GENERAL INTRODUCTION
5.2.1 Summary
5.2.2 Conclusions
5.2.3 Recommendations
5.3 CHAPTER TWO: A HISTORICAL BACKGROUND TO HIV/AIDS
5.3.1 Summary
5.3.2 Conclusions
5.3.3 Recommendations
5.4 CHAPTER THREE: MIDDLE CHILDHOOD
5.4.1 Summary
5.4.2 Conclusions
5.4.3 Recommendations
5.5 CHAPTER FOUR: EMPIRICAL DATA

5.5.1 Summary

5.5.2 Conclusions

5.5.3 Recommendations

5.6 EVALUATING ATTAINMENT OF GOALS AND OBJECTIVES

5.6.1 Goal

5.6.2 Objectives

5.6.2.1 Objective one

5.6.2.2 Objective two

5.6.2.3 Objective three

5.7 TESTING OF RESEARCH QUESTION

5.7.1 Research question

5.8 CONCLUSIVE REMARKS

6. BIBLIOGRAPHY
LIST OF FIGURES

Figure 2.1 A Model of the structure of the HI-virus 21
Figure 2.2 The relationship between a person’s CD4 cell count
Viral load and phases of HIV infection 29
Figure 4.1 Genogram (Case study 1,2,3) 61
Figure 4.2 Genogram: Case study 4 85
Figure 4.3 Genogram: Case study 5 94
LIST OF PHOTO IMAGES

<table>
<thead>
<tr>
<th>Photo Image 1:</th>
<th>Sakkie’s sand tray</th>
<th>67</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photo Image 2:</td>
<td>Clay medium</td>
<td>69</td>
</tr>
<tr>
<td>Photo Image 3:</td>
<td>Chantel’s sand tray</td>
<td>74</td>
</tr>
<tr>
<td>Photo Image 4:</td>
<td>Clay medium</td>
<td>82</td>
</tr>
<tr>
<td>Photo Image 5:</td>
<td>Charlene’s sand tray</td>
<td>90</td>
</tr>
<tr>
<td>Photo Image 6:</td>
<td>Heleen’s sand tray</td>
<td>90</td>
</tr>
<tr>
<td>Photo Image 7:</td>
<td>Wouter’s sand tray</td>
<td>99</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1. HIV prevalence per province – Antenatal survey findings