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# *A Developmental Psychopathology Framework of the Psychosocial Needs of Children Orphaned by HIV*

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*In addition to the obstacles to a successful resolution of grief normally faced by children whose parents have died, children orphaned by AIDS may face additional psychological and social challenges. However, limited attention has been paid to psychosocial and developmental needs of children orphaned by HIV/AIDS, particularly in resource-poor countries or regions. In this article the authors review the global literature on child bereavement and AIDS orphan care experiences in developing countries and present a developmental psychopathology model of the psychosocial issues facing AIDS orphans. The authors identify gaps in the literature and provide suggestions for future research on AIDS orphans in resource-poor countries and regions. They emphasize that future studies need to assess the status of behaviors and mental health of children orphaned by AIDS within a developmental framework, identify those individual and social factors associated with grief, and examine the long-term impact of quality of care, developmental maturation, and attachment with caregivers on the psychosocial well-being of AIDS orphans.*

**Key words:** AIDS orphans, attachment, bereavement, psychosocial needs

From 2001 to 2003, the global number of children orphaned by AIDS increased from 11.5 million to 15 million (estimate range 13-18 million), and 12 million of these AIDS orphans were living in sub-Saharan Africa (UNICEF, 2004). It was estimated that based on current trends, the number of AIDS orphans could reach 25 million by 2010 and 40 million by 2020 (Phiri & Webb, 2005; UNICEF, 2004). The age distribution of orphans was fairly consistent across countries, with approximately 12% of orphans being 0 to 5 years old, 33% being 6 to 11 years old, and 55% being 12 to 17 years old (UNICEF, 2004).

The death of a parent during childhood has a profound and lifelong impact on a child's psychosocial well-being. Cross-cultural research on natural

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grieving processes suggests that most humans need to recognize their grief and be able to express it directly to resolve their loss (Fraley & Shaver, 1999; Parkes, Laungani, & Young, 1998). Children in particular are at increased risk for unresolved or complicated bereavement because of their developmental vulnerability (e.g., intellectual immaturity and emotional dependency). Children orphaned by AIDS may face additional psychological and social challenges including stigmatization, the impending or actual death of the surviving parent, disruptions in subsequent care, and financial hardship; these challenges may further impede the grieving process, placing these children at heightened risk of prolonged mental and behavioral problems (Cluver & Gardner, 2006; Sachs & Sachs, 2004). However, limited attention has been paid to psychosocial and developmental needs of children orphaned by HIV/AIDS, particularly in resource-poor countries or regions (Atwine, Cantor-Graae, & Bajunirwe, 2005; Cluver & Gardner, 2007).

A developmental psychopathology approach strives to understand the complexity of human development as the dynamic transaction between the person and the environment. Cummings, Davies, and Campbell (2000) describe the principles of a developmental psychopathology framework. First, because development is multidetermined, its understanding must be interdisciplinary and cross domains from biology and genetics to social ecology and culture. Second, developmental psychopathology is interested in the range of outcomes from normal development to psychopathology and the range in between. The recognition that multiple outcomes are possible even in response to the horrific environmental stressors is paramount. Third, this approach seeks to understand the risk and protective factors that may account for this range of outcomes. Consistent with social ecological theory (Bronfenbrenner, 1979), these factors may occur across multiple systems (e.g., individual, family, extrafamilial). Fourth, a developmental psychopathology approach does not view adaptive and maladaptive behavior as static. Both the individual and the environment change over time; thus the transaction and associated outcomes are dynamic as well.

An illustration of a dynamic, multideterminants developmental psychopathology framework of the psychosocial needs of children orphaned by HIV/AIDS is provided in Figure 1. A developmental psy-

chopathology approach has shown significant ability to guide research, intervention, and policy around the psychosocial needs of children exposed to significant stressors, for example, in the areas of child maltreatment and orphans in institutionalized settings in Eastern Europe (O'Connor, 2003a; Rutter, 1998).

The purpose of the current article is to describe a developmental psychopathology model (see Figure 1) of the psychosocial needs of AIDS orphans, identify gaps in the literature, and provide suggestions for future research on AIDS orphans, particularly, those living in resource-poor countries and regions.

## General Concepts of Bereavement and Grief

When the death of a beloved takes place, even when the death is expected, individuals may experience a wide range of emotions, commonly referred to as bereavement and grief. Psychologists and grief theorists describe bereavement as the state of having suffered a loss, grief as the normal reaction one experiences in that state, and mourning as both an intrapsychic process and cultural response to grief (Rando, 1984; Sanders, 1986). Bereavement is a distressing but natural and probably universal experience. Grief is understood as an incorporation of diverse psychological (affective, cognitive, social, behavioral) and physical (physiological, somatic) manifestations, the overt expression of which varies both between and within cultures. Affective manifestations include depression and despair, dejection, anxiety, guilt, anger, hostility, and loneliness. Cognitive manifestations include preoccupation with the deceased, low self-esteem, self-reproach, helplessness, hopelessness, a sense of unreality, and problems with memory and concentration. Behavioral and social manifestations include agitation, crying, fatigue, and social withdrawal (Stroebe, Stroebe, & Schut, 2000). Although research in general has concentrated on these negative components, there has been a trend to explore the positive aspects associated with grief, including personal growth and creativity (Stroebe et al., 2000).

Much like the process of physical healing, the grieving process is a series of tasks that one must work through before fully adjusting to the loss

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