Evaluation of a Memory Book Intervention With Orphaned Children in South Africa[1]

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The purpose of this collaborative research study was to evaluate the use of the *Memory Book* intervention for orphaned children's grief and loss recovery. A qualitative phenomenological approach was implemented to evaluate the *Memory Book* intervention with orphaned children at two children's homes in South Africa. Study findings support the ability of children to work through loss and grief when they are assisted in preserving and telling their story. The *Memory Book* intervention assists children to chronicle their lives and demonstrates the potential to guide future interventions by care providers and nurses in this context.
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IN 2005, A nurse with specialized training in childhood grief and loss volunteered at a children's home in South Africa. Most orphaned children had lost one or more parents and siblings, and they often had lost the entire extended family unit. They no longer exhibited expressive responses of mourning such as crying, hiding the presence of their grief from staff and caregivers. Based on this need, children were provided a personal *Memory Book* that prompted them to express their thoughts and feelings to better understand what had happened when they lost those they loved. Examples of these activities included "I am somebody" with directions to trace the child's handprint; "My story" asking the child to draw or write about his or her family relationships, and on the last page, "I wish" was designed to facilitate the child's exploration of his or her sense of hope and thoughts of the future.

To date, nearly 25,000 *Memory Books* have been placed in orphanages and children's villages, schools, churches, and a refugee camp throughout seven sub-Saharan African countries, India, Mexico, and Haiti. This research project was designed to evaluate the impact of utilizing the *Memory Book* intervention at the initial 2005 implementation sites in South Africa with children who had experienced loss and grief, primarily due to the HIV/AIDS epidemic.

Background

In sub-Saharan Africa, disease, poverty, and war have and continue to alter the societal structure leading to millions of children losing one or both parents (Petersen et al., 2010). Orphanhood is a major consequence of the AIDS epidemic in South Africa with an estimated 2.2 million AIDS-orphaned children, or 11,188 per 100,000 children by 2015 (Cluver, Garner, & Operario, 2009).

In African culture, the extended family replaces the nuclear family (Chakalane-Mpeli & Roet, 2007). As HIV/AIDs claims more parents' lives, the extended family system typically offers options of care by aunts and uncles, grandparents, and possibly older siblings. However, the

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stigma of AIDS and the overall impact of the epidemic on African society have contributed to poverty, prejudice, and ignorance, leading to fear and discrimination. Based on these factors, many children have been denied care within their extended African family resulting in lives as orphans (Chakalane-Mpeli & Roet, 2007). In addition to the traumatic grief experienced following the loss of a parent or both parents, children may have faced desertion or abandonment by their extended families as well.

Literature Review

Childhood Traumatic Grief and Developmental Issues

Cluver, Orkin, Gardner, and Boyes (2012) suggested that the grief that AIDS-orphaned children experience is more enduring and more severe, and they suggested that "the impact of AIDS-orphan hood gets worse, not better, with time and with the developmental process of growing up" (p. 368). Crenshaw (2006–2007) defined childhood traumatic grief (CTG) as a "condition in which trauma symptoms impinge on children's ability to negotiate the normal grieving process" (p. 239). In addition to the traumatic nature of grief, many African orphans face their grief alone, without their traditional family model's support and in the isolation of the orphanage (Morantz & Heymann, 2010).

According to Piaget's sensorimotor phase, or Erikson's first stage of trust, when a child loses a mother, he or she loses the sense of security and trust that someone will care for him or her (Schuurman, 2003). A child's grief is intertwined with lifelong developmental phases, such as trust, autonomy, industry, and independence (Kirwin & Hamrin, 2005; Wolfelt, 1996; Zhao et al., 2011). Many children who have experienced loss and grief risk paralysis in their development when they are not compassionately companioned in their grief journey (Schuurman, 2003; Wolfelt, 1996; Zhao et al., 2011).

Issues for AIDS-Related Orphans in Africa

Multiple studies confirm increased mental health risks among AIDS-orphaned children in South Africa (Demmer & Burghart, 2008; Morantz & Heymann, 2010; & Onuoha et al., 2009). Many orphaned children were found to experience a sense of isolation that limited their effective coping and grief recovery (Morantz and Heymann, 2010). Contextual and cultural factors impacting the orphans were depicted in a study conducted by Petersen et al. (2010) in a South African urban setting in close proximity to the sites for this study with one of the highest HIV prevalence rates in the world. The qualitative study focused on psychosocial challenges with 25 adolescents and 15 care providers who attended a hospital HIV/AIDS clinic that serves 755 children

(ages 0–14) with AIDS care. Primary themes related to psychosocial challenges included the loss of biological parents (over half of the interviewed children were orphans, $n = 16/25$), disclosure of HIV + diagnosis was emotionally difficult, identity issues, external stigma, discrimination, disclosure to others, and poverty.

Grief Interventions

Clinical models of grief attempt to organize the grieving process into a definitive beginning and end (Schuurman, 2003), but grief and loss is continually reprocessed during each phase of life. Communication of grief and loss through play, drawings, music, and dance is more effective than words to connect with the child's thoughts and feelings (Christ, 2000; Clements, Benasutti, & Henry, 2001). Drawings present an opportunity for children to self-regulate in communicating their grief as they choose to share memories and emotions that they are feeling, enhancing their perception of control with chaotic memories or environments. Discussion of the child's drawings with the child creates opportunities for care providers to assess the child's grief response and to lend meaningful support (Clements et al., 2001).

Preserving memories is an important part of the grief journey. Creating a memory book to collect and preserve memories, mementos, thoughts, and feelings about an individual's life story allows for the possibility of greater insight, truthful perspective, and even positive growth as a child ages and matures (Scaletti & Hocking, 2010; Schuurman, 2003; Tedeschi, & Calhoun, 2004). The *Memory Book* offers a format to capture these drawings and stories and allows the children to retell their story, to real or imagined audiences, to support the integration of their thoughts and feelings about their individual grief response.

Resilience and Post-Traumatic Growth

A thread throughout most resilience literature finds that one caring adult, or a succession of them, makes a difference (Kirwin & Hamrin, 2005; Schuurman, 2003). Tedeschi and Calhoun (2004) suggested that an individual's struggle with the new reality in the aftermath of trauma may not only produce a return to baseline but growth. The term, *post-traumatic growth* (PTG) refers to psychological change experienced as a result of a struggle with highly challenging life circumstances. The cognitive processing of trauma into growth appears to be aided in many people by self-disclosure in supportive social environments (Tedeschi & Calhoun, 2004). The maintenance of growth may also require periodic cognitive and emotional reminders that are not pleasant, of what has been lost but paradoxically also of what has been gained. Active disclosure of thoughts and emotions to empathetic others may be important to the development of PTG (Tedeschi & Calhoun, 2004).