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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.

Evaluation of Memory Book Interventions With Orphans in South Africa

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

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).

According to Skovdal and Daniel (2012), resilience acknowledges both risk and adversity on one end of the continuum, with strengths and pathways to wellness on the other end. They depicted how the research emphasis of HIV-affected children has been aimed toward their vulnerability, their risks, and psychological distress. They advocated that more research needs to be balanced on resilience in addition to protective factors that lead to well-being and recovery.

Methodology

Design: Qualitative Phenomenological

A qualitative phenomenological approach was utilized to evaluate the lived experience of children and childcare providers' use of *Memory Books*, following approval of the researchers' institutional review board (IRB). Qualitative focus groups were implemented over a period of 2 weeks with children at two different children's homes who had implemented *Memory Books* over the course of 7 years. Four focus groups of children, ranging from 2–4 participants per group, were held at each site. Researchers asked each child participant to share their *Memory Books* once during the interviews which included a discussion of the book's contents. Individual interviews were also conducted with childcare providers who had witnessed the impact of the children's response to the *Memory Books* prior to the interviews. The children had worked on their *Memory Books* at periodic intervals for up to 7 years with a variety of caregivers and volunteers who had supervised them during their work on these books. These books included greeting cards, drawings, photos, and a variety of mementos that helped children recall memories of their families, friends, and key aspects of their lives.

Prior to the interviews, a time for questions and answers regarding the nature of the research and potential risks and benefits was provided by the researchers to the children's home directors, caregivers, and children. Consent forms were obtained from the children's home directors and childcare providers. Assent forms were signed by all children participants, ages 10 through 18. Following the consent, all participants completed a demographic profile. To maintain confidentiality, all participants were assigned a code, and all personal identifiers were excluded from transcripts.

A total of 22 children and three childcare providers were interviewed from two South African children's homes where *Memory Books* have been used since 2005. Saturation was achieved at the tenth interview with confirmation of the findings being obtained following 15 additional interviews. The interviews were audiotaped, transcribed verbatim, and coded utilizing the NVIVO 9 software. Transcript verification occurred while simultaneously listening to the audiotapes and reading of the transcripts. A constant comparative

analysis style was utilized to place data into meaningful thematic categories by the researchers throughout data reduction and theme construction with further assistance from student research assistants. Trustworthiness was achieved by theme verification by all three primary researchers and peer colleague's scrutiny, resulting in the identification of five central themes. Credibility and confirmability was achieved through field notes, comparison of themes with select photos of children's drawings, rich exemplars of the participants' quotations, and triangulation of data with both children and caregivers from two different children's homes. Analysis of the demographic data revealed six male and 16 female participants; ages ranged from 10 to 18 (mode = 14, and mean = 12.95). Children began working with the *Memory Book* interventions as early as the age of 2 years with seven starting between the ages of 7 and 10. All children identified themselves as either African ($n = 9$); Black ($n = 1$), or Black African ($n = 12$). Three of the children reported both parents being deceased with the majority ($n = 13$) citing only their mother as currently living. The majority of the children ($n = 15$) were currently in primary school, and seven reported attending high school. All children and care providers identified being affiliated with a Christian faith.

Findings

Five major themes emerged in order of highest to lowest ranking based on the NVIVO 9 software analysis: identity, relationships, emotion, coping, and hope. Each major theme was composed of several subthemes with exemplars (see Table 1).

Identity

Identity was first noted by children describing pictures of themselves. These pictures were either ones that the children had drawn or photos of themselves either when they first started their *Memory Book* or pictures of the child at a young age by themselves or with biological family members. When asked to describe this family picture, the children would either describe a family that they used to live with or persons that they currently lived with at the children's home. The following quotes from children clearly reflect this theme. "I am a good writer. That's what makes me unique. I am kind, patient—that's because I can do things." A care provider described children looking at themselves in their *Memory Books* in this way: "They love looking at themselves when they were young...if there was a photo of them...they would think that was amazing."

Two subthemes were noted within the theme of identity: achievement and life goes on. Many of the children had placed school awards for academic or sports in their books. The subtheme, *life goes on*, involved the children talking

Table 1 Evaluation of memory book themes.

Themes	Descriptions or illustrations	Sub-themes	Exemplars
Identity	Children's pictures of themselves and their biological or current families in the children's home (photos or drawings).	a. Achievement b. "Life goes on"	a. "I am special because there is none like me." "I am black. I am special. I am different [from] others." b. "So then I will just carry on, because really, it's just tough." "When I went to camps, to camp, to, to, to reach for a dream."
Relationships	Absent or disrupted connections with family and friends; yearning for sustained connections with family and friends; making new connections with orphan families and care providers in the children's home.	Correspondence valued with sponsors, letters and cards received. Many cards were received from "grannies that..write letters to the children here."	Care provider related, "at the beginning [working with Memory Books] was really like a relationship thing...in doing it together we got to know them [children] better."
Emotion	A range of emotional responses were noted in verbal and non-verbal communication.		One child's summary: "I look at the pictures and writings and stuff and think about what's happened and then...[I am] just fine."
Coping	Examples of coping activities and support were shared by children and care providers.	a. Hobbies b. Spirituality c. Sharing content	a. "My favorite special is backflip..and soccer." "It's to sing...because I have a beautiful voice." b. "My name means 'glory' to God." "This is my family. We were at church." c. Care providers related: "everything was about sharing, and in so many ways, to have something that's theirs, that they can share was quite good." "They'd be talking about what they were writing."
Hope	Hope was illustrated through the value of the Memory Book expressed by the children and their caregivers. Hope also focused on how the Memory Book prompted children to express dreams for their future beyond living in the moment.	a. Value of the book b. My dreams	a. One child stated she would keep her book "forever," and another child quickly said, "until I die." b. One young girl dreamed of "[her] wedding day."

about how they would add future photos and writings about themselves in their book. A care provider remembered a child stating, "I wanna just check my memory book, I wanna put something there."

Relationship

The second major theme that emerged was that of relationship, often disrupted by orphanhood. The children spoke of their valued friendships, contact with family members, school involvement, and their sponsors. A sub-theme of correspondence was revealed by the children's collection of birthday cards and letters from their sponsors or previous volunteers at the children's home. One child described his photos with absent friends with these words: "he was my friend (name). But he, he went, he, he, he, he is gone now." A care provider remembered one child drawing a picture of themselves and another unknown figure, and she asked the child to tell her about the picture and he said, "This is a bird. Well, the bird and me ...are gonna fly away."

Emotion

The third theme, emotion, was evident as the children reviewed their *Memory Books*. Some children laughed; others were very solemn with sad faces while some children were silent. Some children waited eagerly to share the contents of their *Memory Books*, while others hurried through the pages, and one young boy chose to look at his *Memory Book* alone. Several of the care providers stated that working with children on their *Memory Books* was difficult because they could see that the children became sad or struggled to express themselves. One care provider stated, "It's difficult [for some of the children] to accept their... background, because their parents are deceased, they don't know their background, they're HIV positive ... and it's difficult to accept." Another care provider stated, "The first time I saw the *Memory Books*, I was impressed ...it helped the children see, to keep their memories and... I think that it also helped them to understand better about what's going on with their lives and to express their feelings. And to put everything together."

Coping

The fourth theme, coping, consisted of three subthemes including hobbies, spirituality, and sharing *Memory Book* content. Many of the children shared photos or pictures they had drawn of themselves involved in a particular activity or hobby such as swimming, playing soccer, or reading.

Because the *Memory Book* is written with a spiritual Christian philosophy, there are a number of scriptures on pages within the book that reflect God's love and care for children. Several of the older children read the verses and talked. One young woman started singing after reading through a number of verses...“I need your touch once again... I need your touch once again” (sang in Zulu). One care provider observed that the verses allowed her to share with the children. “God just created you for a purpose. So, your mom loved you so much that she was unable to care for you, and then God prepared somebody just to care for you.”

During the interviews the children demonstrated how they enjoyed sharing their *Memory Books* with their friends and with the interviewers. One child provider stated, “They [the children] were just excited I think to have...something that's theirs so there was a lot of excitement about, ‘This is MY *Memory Book*’ and ‘I’m going to look at it’.”

Hope

The final theme based on the interviews was that of hope. Within this theme were two subthemes: value of the book and my dreams. The children reflected their thoughts regarding the value of their *Memory Book* in a variety of ways. Some clutched their books to their chest while they were waiting to be interviewed and others spoke of how long they would keep their books. One child shared that she would want to show it to her children so they would know “the things that I did when I was younger.” A final young boy stated, “until I’m old so I can remember the things I did.” One care provider summarized the value of the book with these words: “I think the real impact of the *Memory Books* will be when they look back on them in, ...ten/twenty years’ time and they have a real memory of their...childhood because this is a pretty unique childhood. Like, it’s not what most, what most children will have... think that’s a, a really valuable thing.”

A subtheme, dreams, described the children’s sense of hope. This subtheme was reflected in the children’s descriptions of the type of career they desired, a place they wanted to visit, or future desires and goals. One of the care providers stated that this part of the *Memory Book* allowed “you [to] have a proper chat about how they [the child] feel [s] ... about their future.” Another provider stated, “It [the *Memory Book*] gives them time to really reflect and to think because often these children...live in the moment.

They’re playing and they’re in the moment and I think it’s, it’s good for them to think.”

Discussion

The evaluation of the use of *Memory Books* in South Africa revealed that children value preserving and telling the story of circumstances surrounding their life experiences. The interview findings supported how the *Memory Books* offered children an intervention to help them capture a glimpse of their earlier childhood personal memories prior to the loss of biological parents.

Children’s relationships and emotions were also influenced through the *Memory Books* intervention. Throughout the *Memory Book* interviews, there were numerous examples of children remembering those they had lost as well as new relationships cultivated. Clements, Benasutti, and Henry (2001) demonstrated the value of using drawings to facilitate more effective communication with children. During the interviews, the children were able to use their *Memory Books* to tell their story, to relive emotions surrounding traumatic events, and to offer support for their new family members during the group sharing (Scaletti & Hocking, 2010; Schuurman, 2003; Tedeschi & Calhoun, 2004). The interviews uncovered many orphans’ perceptions of a sense of renewed coping with grief. The *Memory Books* offered opportunities for rumination of traumatic events and discussion with adults and peers based on their drawings and writing that fostered an enhanced understanding of the events of their personal loss and grief. These findings reveal the children’s potential for recovery with guidance and support from one or more adults, a vital factor to achieve resilience (Kirwin & Hamrin, 2005; Schurrman, 2003). As Tedeschi and Calhoun (2004) suggested, children may achieve a new reality in the aftermath of trauma that can exceed a return to baseline toward a level of post-traumatic growth. Many children shared evidence of their coping mechanisms, such as hobbies, spirituality, academics, and sports, to shore up their lives with routines, interests, and experiences, further supporting the growth and recovery in their lives.

Throughout the review of *Memory Books with children*, numerous children shared stories of seeing themselves in the future by identifying hope and dreams. The preservation of priceless childhood memories indicated its essential support to foster a sense of hope for the orphaned children. The children’s comments about treasuring their *Memory Books* “forever” paralleled Crenshaw’s (2006–2007) view that for youth who have lost so much, something that can’t be taken away becomes “all the more priceless.” This hope, depicted by the children’s shared dreams and goals for their future, conveyed a sense of renewal and resilience supported by Skovdal and Daniel (2012). While the children were remarkably vulnerable in physiologic and psychosocial

characteristics, they also exhibited and conveyed an aura of hope and strength.

Limitations

The scope of the study was limited to narrative, self-reported reviews of the impact of the implementation of *Memory Books* by children and care provider participants in two similar Christian-based children's home settings in South Africa. One of the American nurse researchers had several prior extended visits and interactions in these children's homes, but the other two researchers did not, lending support for the potential for contextual and cultural limitations related to interviews in these settings. Recruitment of the children was conducted by children's home volunteers who offered children the option to refuse participation in the interviews, but very few children declined the invitation. Children who spoke English as a second language may have had a limited vocabulary to adequately define their thoughts and feelings regarding their *Memory Books* and the contents. An interpreter was not used during interview process. Children participants were also at varied points in their development and recovery journey during their utilization of the *Memory Books* which could also impact their responses. Finally, only three non-nursing care providers were interviewed, and it was not possible to interview the same care providers who initiated the implementation of *Memory Books* when children were younger due to staffing changes over the 7-year period of implementation.

Nursing Implications

The implementation of *Memory Book* interventions to support orphaned children's recovery from grief and loss offers potential nursing implications based on this preliminary study. The implementation of *Memory Books* presents valuable opportunities for adult-guided interaction with the children during the process of their initial drawings, during their selection of stored mementos, as well as additional opportunities for periodic interactions focused on children's stories of grief and its impact on their future. Preliminary outcomes indicate how children's utilization of *Memory Books* can potentially support their healing and potential post-traumatic growth. An urgent need for further research exists and is anticipated in several additional countries where *Memory Books* have been implemented. While vulnerability is a constant presence in these children's lives, their capacity for healing and recovery should not be underestimated.

Grief is not limited to experiencing loss from death, but by other events like divorce or parental incarceration,

medical or traumatic crises impacting body image, and threats experienced in childhood social relationships and activities. Loss of something as simple as childhood toys or as great as a home produces grief when addiction or neglect forces the children into foster care. Maintaining a 'tool box' of crayons, colored pencils, scissors and glue by health care and social work professionals, school officials, and foster parents may enhance more effective communication with the children they serve who face grief.

Conclusions

Study findings offer evidence for supporting orphaned children's grief and loss recovery through the preservation of their childhood memories. Additionally, children gain understanding of their situation and hope for their future when they are provided the opportunity to tell their story. Study findings have the potential to guide further development of *Memory Book* resources and future interventions by orphaned children's care providers, nurses, and other healthcare providers in this context.

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