

Peer Victimization of African Children Orphaned by Aids: The Efficacy of the Memory Book

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Poverty, famine, and wars have been in a variety of permutations prominent features of the African landscape. In the past two decades the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) have been added to the catastrophic events that plague the continent. Moreover, as AIDS continues its decimation of the African populace, there are direct and dire consequences for the number of children orphaned by the disease. AIDS orphans in the HIV/AIDS literature refers to children under the age of fifteen who have lost one or both parents (especially a mother) to AIDS (Foster and Williamson, 2000; Preble, 1990; Rutayaga, 1992; Wild, 2001).

A 2001 report by the Joint United Nations Programme on HIV/ AIDS (UNAIDS) indicates that since its inception an estimated 12.5 million African children have been orphaned by the epidemic. This statistic exceeds the 3.1 to 5.5 million that was projected for the beginning of the second millennium (Kamali, Seeley, Nunn, Kengeya-Kayondo, Ruberantwari, and Mulder, 1996; Preble, 1990). Research methodology using demographic and mathematical projection models indicate varying data: 16 million AIDS orphans by the year 2015 (Rutayaga, 1992), 26 million by the year 2010 (UNAIDS, 2001) and a catastrophic 40 million by the year 2010 (Foster and Williamson, 2000). In addition researchers have asserted that due to the prevalence of stigma as a result of misperceptions about the transmission of the virus, children whose parent or parents are living with or have died from AIDS, encounter pervasive victimization from their peers which manifests in symptoms such as depression, aggression, stigmatization, violence, anxiety, low self esteem, loneliness, and social isolation (Foster, Makufa, Drew, Mashumba and Kambeu, 1997; Foster and Williamson, 2000; Pillay, 2003; UNAIDS, 2001; Wild, 2001).

The aforementioned research as it relates to the victimization that African orphans experience has to be seen as an addition to the burgeoning international research data that correlates peer victimization with manifest symptoms in children such as social avoidance; rejection; suicide and

violence; aggression; posttraumatic stress; depression, conflict; anxiety and social anxiety; general or global self esteem; and social self concept (Clearly, 2000; Hanish, 2000 and Gurrera; Hawker and Boulton, 2000; Khatri and Kupersmidt, 2003; Storch, Nock, Masia-Warner, and Barlas, 2003; Storch and Esposito, 2003). Yet, despite the exponential growth pattern suggested by mathematical projections for African children orphaned by AIDS, limited research attention is afforded to this group.

The exiguity of studies may be in part due to the urgency to develop a vaccine and to provide social, economic and medical support to HIV positive individuals. To address the omission in the literature this paper explores the efficacy of the memory book as an intervention technique to assist AIDS orphans cope more effectively with the peer victimization.

VICTIMIZATION OF AIDS ORPHANS

The use of the term 'AIDS orphans' in the literature is fraught with the negative propensity to further stigmatize and label. The semantic association tends to conjoin children negatively to the virus. This tends to exacerbate the misperceptions and ignorance about HIV, its transmission and the inference that children are also HIV positive when parents have contracted the virus or have died as a result of HIV infection. Patterson (2003) asserts that orphans may be denied access to education especially if teachers, parents and other students mistakenly fear that these children will spread HIV to other children.

Children orphaned by AIDS experience a sense of shame and rejection by their peers and the community as a result of the negative associations with the HIV status of their parents (UNICEF, 2003). A 16-year old South African child alludes to the rejection, stigmatization and the discrimination perpetrated by her friends and schoolmates. She asserts that she does not feel like walking in the street because of the name calling and whispering that prevails when she passes because of the assumption and the generalized perception that all the members of

her family are sick (UNICEF, 2003). This experience is echoed by an Ethiopian child who reports that “neighbors don’t want us to join them... because we are identified as children whose parent died of AIDS and there is a rumor that we are infected with the virus...People talk about us negatively everywhere and we feel ashamed” (Patterson, 2003, p.14).

Nempare and Tang (2003) report that a survey of 1,510 children in the Masvingo and Matabeleland South Provinces in Zimbabwe revealed that there was a greater tendency for children orphaned by AIDS to be bullied, get into fights and engage in anti-social behavior. Moreover they are subjected to taunting, name calling, isolation, and violence. Another phenomenon alluded to by the authors is that some men and women in Zimbabwe abandon their children once their spouse dies of AIDS with the consequence that children have fend for themselves with limited resources. Children are also abandoned by single HIV mothers because of the presumption that their babies are also HIV positive (Wambui, 2003). Basic needs such as food and shelter may take precedence over clothing which may result in experiences such as this reported by an orphan in Zimbabwe “we sometimes do not go to school because other children will be teasing us since our uniforms are usually dirty...” (The New Internationalist, 2002, p.24).

The psychological impact is cumulative to the point that children choose to withdraw or minimize interaction with their peers as a method of coping and this may result in dropping out of school altogether (Nempare and Tang, 2003). Studies are suggesting that orphans are less likely to be in school and may work more than 40 hours per week to support other siblings (UNICEF, 2003). A Kenyan study comparing a sample of orphans to non-orphans found that orphans may be denied access to school, social services and health care by officials because of stigmatization and myth surrounding AIDS. Data from this study indicates that fifty two percent of the participants did not attend school compared to 2% of their non-orphaned counterparts (Meier, 2003). This is a significant difference that illustrates that this is a sector of children who are at risk.

A survey conducted by USAID in four districts in Zambia indicates that over a third of orphans felt different from other children and cited not being able to go to school as the most important difference (UNICEF, 2003). The school drop

out pattern due to peer victimization is cause for concern because schools are the primary venues where information about HIV/AIDS is learned. This means that as orphans drop out of school they become more susceptible to HIV because they lack of knowledge regarding how the virus is transmitted and this becomes a circuitous obstacle for the eradication of HIV infection.

It is apparent that peer victimization is a subset of the multifarious stressors that afflict the African child orphaned as a result of the AIDS pandemic. It is also evident that while the various stakeholders grapple with what is considered to be the primary needs of individuals infected with the virus, orphans are relegated to the periphery of the needs hierarchy. This is an ominous oversight because orphan-hood coupled with rejection, isolation, abandonment, discrimination, harassment and victimization by peers set the platform for psychological angst.

As referred to earlier, victimization by peers stems from a lack of information and myth about the virus which renders its eradication a relatively long term endeavor. With this as the backdrop it is apparent that the peer victimization of AIDS orphans will continue to prevail. Rather than focusing on the abatement of victimization altogether, which is less than realistic, energies would be better spent at this juncture to provide children with healthy techniques to cope with pervasive victimization. One approach would be to explore what have traditionally been modalities of healing for the African populace and examine its efficacy to provide psychological intervention. The remainder of the paper explores the memory book as a coping mechanism and a medium to address the psychological effects of victimization.

THE MEMORY BOOK

The oral tradition has been for generations the vehicle for the conveyance of African cultural values and norms (see Pillay, Sandhu and Williams, 2001; Pillay, 2003; Pillay 2003a). Recently the memory book has been added to the compendium of oratory practices such as poetry, fables, fairy tales, anecdotes, metaphors and narratives.

The Memory Book Defined

The memory book was originally used with AIDS orphans in Ethiopia as a positive outcrop of the negative reality of the inevitability of death

when infected with HIV (UNAIDS, 2001). In other words parents using their remaining lifespan in a manner that can be constructive for their progenies.

The memory book is the collaboration between two or more authors. A typical permutation of authors may be a child and a parent or a triad of the parent, child and a third party such as a care giver or a family member. The construction materials include photographs, genograms, the family tree, poetry, stories, fairy tales, anecdotes, drawings, poems, songs, and small artifacts. The primary focus is the documentation of traditions, values and norms that would ordinarily be passed on orally to the children by parents. However in the case of a parent who is HIV positive, their impeding death subverts the traditional practice.

The creation of the memory book involves the parent sharing information about the family heritage, ancestry and typical family traditions and rituals. The parent may include a wish list for the child regarding expectations as the child reaches certain developmental milestones. Psycho-educational information may be conveyed to the child regarding how the HIV was contracted and precautions that the child may need to take to avoid similar pitfalls. The child on the other hand can use the memory book as an indirect medium to address the impending loss and seek answers to questions that may have been harbored. The memory book provides an opportunity for the child and the parent to express emotions that would otherwise be uncomfortable to broach.

THE EFFICACY OF THE MEMORY BOOK

Children who are orphaned or destined to be orphaned by AIDS are bombarded psychologically on several fronts such as: the death or impending death of parent/s; being separated from siblings and friends when parent/s die; becoming disconnected from the family of origin and dislocated from cultural heritage as a result of having to live with relatives; dropping out of school to take care of siblings; and struggling to satisfy the basic needs such as food, clothing and shelter. When peer victimization is added to the equation the psychological impact can be devastating and may manifest in a variety of symptoms.

Peer victimization is inherent to the social fabric of youth interaction and is destined to prevail in

most societies. The impact of taunting, name calling, discrimination and harassment is amplified when recipients of such behavior are psychologically fragile. This results in internalizing of comments made by peers that in turn have the potential to become etched into their self identity resulting in the insidious erosion of self esteem and may increase the potential for self destructive behavior. The sections that follow explore the efficacy of the memory book from three perspectives: (i) to help children cope better with the peer victimization that may occur when parents are HIV positive or have succumbed to AIDS; (ii) to deal with the victimization that occurs as a result of displacement or a loss of belonging; and (iii) as a cathartic tool to deal with pervasive peer victimization.

Information about how HIV is contracted and transmitted and the manifest symptoms of AIDS lies rooted in folklore, myth and misperception in some African communities. In South Africa there has been an increase in the number of children that have been raped as a result of what is commonly known as the virgin cleansing myth (Jewkes, et al., 2002; Richter, 2003). According to this myth there is the belief that individuals can be cured or protected from HIV if they come into contact with the bodily fluids of a virgin through sexual intercourse. The consequences have been catastrophic for young children and for the effort to contain the spread of HIV.

In a similar vein rumors, folklore, myth and misperception about the death or HIV status of a parent can have dire implications for children in their interaction with their peers. The psychological fragility of the children as a result of the death of a parent may be compounded further by the taunting and teasing that ensues in reference to the death or HIV status of parent/s. It may be rumored for example that the HIV positive status of a child's mother is due to her sexual promiscuity whereas the mother may have been infected by her husband who became HIV positive through intravenous drug use, blood transfusion or indiscriminate sexual partners.

The absence of information to dispute the sometimes erroneous assumptions and negative comments directed at orphans by their peers may serve to cause the child to internalize the negative statements which in turn has the potential to exacerbate their tenuous psychological status. The memory book in this instance can facilitate a discussion about a parent's death or impending

death and correct any misinformation about a parent's HIV status and how HIV was contracted. This two pronged approach can provide some insulation from slanderous and derogatory utterances from their peers.

Fox and Parker (2003) assert that when children are given the opportunity to verbalize their emotions it is mutually beneficial for the child and parent to come to terms with the impending death. Interviews with 200 families in the Kagera region of Tanzania found that children whose parents talked to them about dying appreciated the information and advice shared, and posed questions in anticipation of challenges that they may face in the future (UNAIDS, 2001). This study also found that children who have the chance to say actual thought-out goodbyes prevent self blame and the process reduces unfinished business which can complicate the grieving process.

Memory books may have a section titled "My Eulogy" which conveys a parting message from the terminally ill to those left behind. The child and the parent/s have an opportunity to laud each other. This provides an entrée for the child and the parent to broach the taboo topic of the death during this collaboration. The surviving parent or caregiver can explain what the cause of a parent/s death was and how HIV, if known, was contracted. If a child learns for example that his/her father contracted the virus and infected the mother with HIV, then when peers make negative comments about the mother's promiscuity for being HIV positive, the child is able to reframe their comments in a healthier manner armed with the actual factual information. This component of the memory book has the potential to prepare the child psychologically especially in light of the predictable nature of the premature death of a parent. In addition the parent can convey to the child steps that can be taken to protect themselves from HIV infection.

Another factor that has become prevalent is the displacement of children from their domicile as parent/s die. This may impact their sense of belonging and concomitantly their psychological health.

Facilitating a Sense of Belonging

The sense of not belonging is exacerbated when children have no understanding of their heritage because of the 'conspiracy of silence' that often prevails prior to the death of parent/s

(UNAIDS, 2001). This is compounded by the erosion of the extended family networks which have been part of the social construction in many African communities. When parents die grandparents are no longer able to cope with the increasing number of orphaned grandchildren, with the result children are placed with relatives in other geographical regions. This also means that family units are split up and children are separated from their siblings and other familiar support systems. This lays the foundation for the severance of the continuity of the cultural heritage. Furthermore, the sense of aloneness may be accentuated as a result of being in a new geographical environment which may also render the child vulnerable to ostracism and harassment by their peers especially if it becomes known that their parent/s death was due to AIDS. The existential question "where have I come from" tends to have lesser negative connotations for children who are aware of their cultural heritage but may be more salient and a source of psychological distress for displaced AIDS orphans. The co-construction of the memory book can provide tangible evidence that links children to their family of origin thereby providing a sense of belonging which can serve to insulate them against the taunting and harassment that may occur especially if they find themselves in a different geographical environment.

The memory book is a versatile medium that can be tailored to include a variety of components such as a section that is devoted to family and cultural heritage. Photographs can be used by the parent and child to create a family genogram. The pictorial illustration of their ancestral lineage can be particularly useful for younger children to help identify themselves as having a heritage and membership in a recognized group rather than an isolated 'AIDS orphan'.

The memory book can be used as a mechanism for a parent to impact the child's moral, beliefs and value system. Parent/s can inculcate the child with traditional family values and rituals such as how birthdays are celebrated, the coming of age rites and other milestone events with the wish that such traditions are extended beyond their death. Parent/s can use the memory book as a way to convey messages to the child that may have greater saliency for some time in the future. In this way even when children are dislocated from their family of origin after the parent/s die they have tangible evidence in the form of the memory book that can revivify those connections

with family members at a time in the future. A distinct advantage is that the memory book is portable and can easily accompany the child when the child is forced to move to another geographical region.

Children appear to be the 'silent voices' in the course of the pandemic. If children do not have an opportunity to share their grief or the effects of victimization by peers this could manifest in psychological and physiological complications. Yalom (1970) suggests that it is not the mere ventilation that is cathartic but the affective sharing of one's inner world and the acceptance by others that is paramount.

Affective Catharsis

The memory book can incorporate oral modalities such as stories, narratives, fairytales, music and metaphors. The oral tradition is considered to be culturally mandated instrument to deal with group and interpersonal feelings of anger, loss, and the question of purpose and meaning (McLeod, 1997). Furthermore Pillay (2003) considers stories, narratives and metaphors as powerful catalysts to stimulate safe controlled entry into emotions that have been repressed and provide a conduit for understanding the individual's phenomenological world. Stories, songs and fairytales tend to be less threatening for children and are useful mechanisms to address their angst through an indirect and subtle manner.

The author grew up in South Africa and remembers stories told by his mother at the height of violent thunderstorms as a means to reduce threat and anxiety of the perceived danger. An example of a story, or permutations thereof, common in many households in the neighborhood to explain thunder was that of Gods playing soccer in heaven with a huge iron ball as a way to lessen the fear associated with the loud sounds of thunder. This version renders what is frightening to a child to something that is benign. It is not uncommon for families to have similar stories that have been passed on from generation to generation as a means to address various emotionally provoking experiences. The following is an example of family fairytale that may be included in the memory book and used as a catalyst to initiate the assuagement of the effects of negative experiences such as pervasive victimization.

Once there lived a mouse Thandi in a little village. Thandi was a friendly happy little mouse

and spent most of her day playing with the other animals. Vuyo the elephant was on the rather large side but very nice elephant. Vuyo was also a very lonely. The other animals did not play with him because of his size. They gave him ugly names like dumbo jumbo and clumsy. They always made fun of him. This made Vuyo very sad.

One day Thandi decided that she would take a walk through the jungle and try to figure out what else goes on in the jungle. She started walking, looking over her shoulder until her house friends and family disappeared in the mist. Vuyo was wandering through the jungle at the same time just minding his business. He took a drink at the water hole and sprayed some mud on himself. He lay down in the sun to take his afternoon nap. After a short while he heard "help me, help me, someone please help me".

Despite his size Vuyo darted over to where he heard the little voice only to find a little mouse drowning in a puddle of water at the watering hole. Without thinking Vuyo stuck in his long gray trunk and picked up little Thandi and gently laid her on some dry leaves. But was it too late? "I hope not," he thought as Thandi's eyes closed. Vuyo said "oh no I'm too late why did I come sooner". He began to cry and the tears ran down his cheeks. He was sad because he did not act sooner. Vuyo hung his head and started to trudge back home.

Just as Vuyo started to walk away he heard a ruffle behind him. He turned around quickly and saw the leaves moving. He couldn't believe it. Thandi was still alive. Vuyo asked "can you hear me are you going to be okay". Thandi looked at Vuyo and jumped up shaking with fear and said "please I'm just a little mouse I don't know where I am please don't hurt me."

Just then wise Mr. Owl who had witnessed the incident came down from his perch and explained everything that had happened and said to Thandi "He wasn't going to hurt you he just saved your life". Thandi stuttered "y-you saved my life r- really". Vuyo replied shyly "Yes I guess so". Thandi jumped on the back of Vuyo and whispered into his ear "Thank you my friend and I thought that you were clumsy and slow". Vuyo chuckled quietly to himself as they made their way back to the village with Thandi running playfully up and down his broad back. Tylana Pillay (2004).

Stories and fairy tales are known to be

particularly effective with children because of their innate inclination to be fantasy prone to the extent that they are able to immerse themselves into a story and even take on characteristics of the protagonist. In this process of immersion and taking on the role of the main character the child becomes engrossed to the point that they momentarily suspend the conscious state and access the unconscious or repressed plane (Pillay, 2003). In the case of children who experience negative emotions related to the alienation and victimization by their peers, a character such as Vuyo in the aforementioned fairy tale the child can be a catalyst to indirectly explore their pent up repressed emotions regarding their alienation by their peers. This may facilitate a discussion about their experiences or at the least assist them in understanding their distress privately and expedite the process of cathartic release. This subtle indirect process allows the child to control the pace of their sharing and serves to reduce defenses and resistance (Rhue and Lynn, 1993).

The parent or caregiver may include this fairy tale in the memory book to enhance the child's moral value system of being cognizant of not judging others without having all the factual information at ones disposal. This fairy tale can also be used to illustrate to the child that when an individual is ostracized or treated poorly it is not necessarily a character flaw of the individual but could be based of the nescience of others. Narrative therapists White and Epston (1990) refer to this technique as 'externalization'. This process allows for an externalization of the experiences through metaphorical communication rather than the internalization of the actions of others which lends itself to a sense of self deprecation. Through this process of emotional catharsis via the memory book, the psychological fragility as a result of multiple stressors can be gradually yet significantly mitigated.

CONCLUSION

Mathematical projections models indicate a catastrophic increase in the number of African children who will be orphaned by AIDS. In addition it is evident that with the primary emphasis on reducing the spread of the HIV and attending to those who are already symptomatic, orphans are relegated to the voiceless margins. As a function of their marginal status AIDS orphans are subjected to various stressors including victimization and harassment by their peers that

is due largely to ignorance and misperception.

In the absence of material resources and qualified personnel, innovative and creative strategies have to be explored to address the experiences of African AIDS orphans. The memory book is one possible option. The memory book has the potential to be an effective modality especially because of its propensity to provide 'psychological inoculation and catharsis' and because it is centered in the culturally appropriate oral tradition. Moreover, the memory book can be an effective psychological intervention to assist children cope with the HIV/AIDS status of a parent; facilitate a sense of belonging; and encourage affective ventilation. In addition there are some clear advantages of the memory book with regard to its cost effectiveness, portability, and the universality of application that requires minimal specialized training. However the relative infancy of the memory book as a modality to cope with loss and grief, existential aloneness, and to provide emotional catharsis necessitates the need for empirical research to determine its longitudinal efficacy.

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ABSTRACT Peer victimization is integral to the multifarious stressors endured by African children orphaned by the AIDS pandemic. The rapacious demand on the depleted resources on the African continent to arrest the spread of HIV has relegated the experiences of orphans to the periphery of the competing priorities. In the absence of professional resources to alleviate the psychological angst that ensues as a result of pervasive victimization, the efficacy of the memory book is explored. This modality is centered in the oral tradition and uses stories, fairy tales, narratives, metaphors, anecdotes, photographs, genograms, and small artifacts to reduce psychological fragility and inoculate the child to cope better with victimization that may occur as a result of having lost a parent or both parents to AIDS.

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