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Art and Play Group Therapy for Pre-School Children Infected and Affected by HIV/AIDS

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ABSTRACT

This article presents the therapeutic approaches used in art and play therapy for children infected and affected by HIV/AIDS. We discuss developmental issues of individual children that emerged whilst participating in these groups and the processes involved. Issues of loss and separation related to bereavement are especially addressed. By providing a sense of containment we enabled these children to tolerate and integrate the traumatic experiences they have undergone.

KEYWORDS

bereavement, children, group psychotherapy, HIV, play therapy

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Introduction

THIS ARTICLE FOCUSES on art and play psychodynamic groups for nursery-age children from 3 to 5 years old who are infected and affected by HIV. The concepts of the groups are based firstly on the knowledge that children of this age are involved in the normal maturation process of learning to understand their social and external world. Art and play are important media in this process. Klein (1932) made the point that these children have a lively imagination and acute anxiety, which enables therapists to gain access to and make contact with their unconscious more readily than slightly older children who have a less accessible imaginative life. Secondly, it became apparent that these children, who were already meeting together in a hospital day nursery, found comfort in not being alone in their illness and/or bereavements.

The group was composed of a combination of children who attended a day nursery run especially for children infected and affected by HIV/AIDS. Most of these children also attend the Great Ormond Street Hospital Family Clinic, where families infected with HIV/AIDS are seen by a medically led multidisciplinary team (Gibb, Duggan, & Lwin, 1991). The nursery was attached to a hospital that offers palliative care to men, women and children living with or affected by HIV. The collaboration between the two therapists, one from each of the above hospitals, offers the children the benefit of good continuity of care. The children's names have been changed to ensure confidentiality.

The child

The typical child attending the nursery has one or more infected parents and has usually experienced the bereavement of a parent and/or family member. Five of the group members in the group discussed in this article were themselves infected. Most of the children's parents have temporary refugee status, which means that they are not allowed to work and most of them are on income support. They had the financial ability to escape from the political unrest in their home countries to a Western European country, i.e. they were from middle-class, educated sub-Saharan backgrounds. Many have witnessed genocide and/or rape and torture, and they have lost family members, their land, their homes and their country. Furthermore, they discovered their HIV status while in the UK. Mendelsohn (1997) mentioned that both past parental traumas and the pervasive threat of sickness and death must affect the parent-child relationship and influence the quality of their parenting. From our observations and experiences this seems evident and we agree with her conclusion.

These children have experienced periods of their own and/or their carers' hospitalization, resulting in intermittent losses of primary carers. They suffer not only from bereavement and disruption to family life, but also suffer from prevailing anxieties about their own health, their mortality and the health of their parents. According to Mendelsohn (1997): 'It is the pervasive threat of death, which can constitute chronic trauma for these children' (p. 399). In our work we assume that children from two years onwards can have an understanding of irreversibility around death. Some people argue that this might be limited. Although this still remains an area of controversy, quite some evidence has been gathered over time to support this assumption (Bowlby, 1998). Our work focuses on assessment of the children's perception and emotions about irreversibility. Bowlby also pointed out that the parents' or carers' attitudes to death and dying are significant for the child's understanding of death.

Factors that add to these children's difficulties are the social stigma surrounding the disease, family members' feelings of guilt and constant anxiety from their parents about

their own health, and their child's health and welfare. These combine to create the bleak and stressful environment in which these children are growing up. The high level of anxiety experienced by children who are faced with death and dying has been reported by Siegel, Karus, and Raveis (1996), who described the adjustment of children facing the death of a parent due to cancer. A study was undertaken comparing pre- and post-death levels of anxiety and depression reported by a sample of children who had lost a parent to cancer with the levels reported by those who did not experience such a loss. The results conveyed that the former group of children displayed significantly higher levels of anxiety and psychological distress than a sample of similarly situated community children. There now follows an in-depth description of two children and a brief summary of the remainder.

Jacob

Jacob, aged four, was born HIV-positive from two infected black African (Ugandan) refugee parents. Jacob's mother died one month after his second birthday, after which his aunt, who died when he was two years and ten months, cared for him. Jacob then went to live with his father, whom he hardly knew. His half-sister Grace aged 17, took primary responsibility for him even though she was unaware of her father's and Jacob's diagnosis. Grace was, however, not involved in Jacob's medical care.

Although social services and community health were involved with Jacob and his father, it was difficult for them to persuade Jacob's father to disclose his diagnosis to his daughter and other healthcare professionals who could offer further support and care to the family. Jacob's father, who professed a strong Christian faith, was deeply ashamed of his and his son's diagnosis, and therefore professionals involved with the family needed time to gain his trust and work sensitively with this family.

However, Jacob's father did agree to Jacob attending the nursery for six days a week, the offer of individual work three times a week and for Jacob to attend the art and play therapy group. This at least meant that Jacob was receiving therapeutic support four times a week, whilst clinicians worked on the above issues. His sister was sufficiently loving, caring and available to provide a consistent environment, so that Jacob could receive therapeutic work.

On observation in the nursery Jacob presented as a very anxious and withdrawn child, and at times disappeared into a catatonic state, where he would stand absolutely still, staring out of the window. Jacob's behaviour in the nursery had not been particularly difficult to manage, but his very evident distress concerned staff members. Over time, Jacob went from silent withdrawal in the nursery environment to crying, moaning and wailing if something upset him, however trivial. Then a member of staff holding him for a considerable time could console him.

The essence of searching and never finding what he was looking for, which we often observed in Jacob's behaviour, was not only evidence of the loss that he had suffered but is also a syndrome referred to in the work of Main and Hesse (1992) on attachment behaviour. This delineates a disordered/chaotic attachment category in young children who, having been exposed to unpredictable and perplexing parenting, are faced with an approach/avoidance conflict. This conflict arises out of a child's need to seek protection or comfort from a parent who has been emotionally unreliable and whom the child perceives as frightening or alarming.

Sanyu

Sanyu, aged three years and six months, is a non-infected child born to infected Somali parents who had sought diplomatic immunity in this country. Sanyu is the fourth of five children, with one older infected sibling (the third child) and one younger infected

sibling. Sanyu and the two eldest children had all tested HIV-negative. Her father had died of an AIDS-related illness eight months previously and her mother was deteriorating rapidly. Therefore, the local authority had recently placed four of the children into foster care while the youngest was kept in hospital with mother because of the seriousness of his condition.

When Sanyu's mother experienced an emotional breakdown after her husband died, the family came to the attention of the local authorities who applied for care orders for the children. Because there was a care order on these children and a court case pending, the staff involved worked alongside the social worker to document closely for the court the needs and wishes of all four elder children.

Sanyu, like Jacob, appeared deeply distressed by the loss of her father and sought constant explanations from staff as to why her 'Daddy was dead', and how long was 'dead'. On one occasion she stated: 'Daddy has been dead too long. It's time he came back,' but then added: 'I think Daddy's never ever coming back'.

Sanyu was extremely quiet to begin with and found it difficult to eat at mealtimes. In the group bereavement sessions with her siblings she became very anxious, carefully watching their distress and their constant disobedience to the group rules. She would remove herself from the disturbance and turn to the sink area in the room where she would pretend to make cups of tea for the facilitators. Sanyu appeared desperate to find a mother figure and would approach members of the nursery team asking them if they could be her 'mummy'.

Profile of other group members

Daniel is a four-year-old child of mixed race parentage. He is HIV-positive and lives with his mother, who is also HIV-positive and is pregnant. Daniel recently began combination therapy on a medical drug trial. He has also experienced bouts of hospitalization.

Sylvie is a four-year-old Nigerian girl who is HIV-positive. Her father died of an AIDS-related illness. She lives with her mother, who is symptomatic HIV and her younger brother, who is also HIV-positive.

Sam is a three-year-old white English boy who is HIV-negative. His parents are both HIV-positive and were bereaved of their daughter who died of an AIDS-related illness, when she was four years old – a year before Sam's birth.

Maurice is a three-year-old Ugandan boy, who is HIV-negative. He lives with his mother who is symptomatic HIV, and his three older siblings. His father is also HIV-positive. Resulting from domestic violence he lives away from the family home.

Helene is a three-year-old Zairian girl who is HIV-positive. She lives with her mother who is also HIV-positive, and an older brother who is HIV-positive. Helene is on triple combination therapy and has recently been hospitalized.

Theo is three-year-old white Western European child who is HIV-positive. He lives with his mother who is HIV-positive; his father died nine months ago of an AIDS-related illness.

Group work

We established boundaries that were necessary to anchor the therapy in the world of reality and provide a feeling of safety for the children. This then enabled the group to recreate a family situation, the therapists being the 'parents'. In this way, the children create opportunities to work through the losses of their parents and the disjointed inner life that results from separation, illness and death. The therapists provide a 'container' (Bion, 1962) for these children and their acute distress. Bion's notion of the 'container'

contained' reflects the work of the facilitators in containing the children and thus creating an environment in which they feel safe and can experience their feelings and emotions, which quite often are acted out in regressive states. They have not learned to trust, and the loss of a primary caretaker has left them feeling uncontained and abandoned. By experiencing a sense of containment they also learn how to provide this safety for themselves by internalizing the holding qualities of the facilitators and of the group. An established relationship with the therapists counteracted the pain, fear and sense of impending loss, by providing a sense of inner holding (Judd, 1995).

The group meets in a playroom overlooking the day nursery garden. The group runs for an eight-week period, where sessions last for 50 minutes with the addition of a 10-minute preliminary time in a small adjacent counselling room. For the 50-minute group session, specific toys, dressing-up clothes, face-paints, puppets and art materials are laid out. The group, based upon psychodynamic principles of art and play therapy, is child-centred, and the children are allowed to structure the sessions whilst the therapists wait to see what emerges and then reflect the child's actions and feelings, interpreting or commenting when appropriate, and participating in the play if requested to do so. We drew on Axline's thoughts (1964: 14) about a drive towards health: 'Non-directive art and play therapy is founded on the belief that all children contain within themselves an innate drive towards health; the therapist provides the milieu in which the child can find his/her own road to recovery.'

The selection criteria for the group were a recent bereavement of one of the parents, an enduring chronic depriving family environment or emotional and behavioural difficulties. Furthermore, we paid attention to the dynamics between the children in order to create an optimal group. We discussed the selection with nursery officers and social workers, responsible for the nursery, and liaised with the team at Great Ormond Street Hospital.

The boundaries for the sessions are that the children can play, act, draw or paint anywhere they like, as long as they do not harm themselves, the staff or other group members, or be destructive and damage the room. The children's play scenarios and creative face-painted images are used to form relationships with the therapists and reveal the child's inner world and emotional developmental processes and thus represent their conscious and unconscious experiences.

Although we have provided the reader with a typical group scenario and also described eight members of a group, we should mention that some children have been members of several other groups. In the following paragraphs we discuss several themes, some of which were specific to one particular group, while others were more general and apply across other groups.

Creative use of fairy stories

'Deeper meaning resides in the fairy tales told to me in my childhood than in the truth that is taught by life.' (Schiller quoted in Bettelheim, 1976, p. 45.)

We made use of fairy stories as a vehicle for unlocking some of the complex feelings and emotions that three- and four-year-olds are trying to make sense of. Bettelheim (1976: 45) writes: 'Applying the psychoanalytical model of this human personality fairy tales carry important messages to the conscious and unconscious mind. By dealing with the universal human problems especially those that preoccupied the child's mind, these stories speak to their developing ego and encourage its development while at the same time relieving unconscious pressures.'

For the children, fairy stories also seemed a particularly apt vehicle, as many fairy

stories begin with the death of a parent, a theme recognizable to these children. Fairy tales proceed in a manner that conforms to the way a child thinks and experiences their world, which is why such tales are often so convincing for the young child. As we outline themes that run like threads through the groups, we use the fairy story idea to help illustrate our observations. A first set of stories dealt particularly with the death of a mother and the wicked stepmother having replaced the good mother.

A second set of stories dealt with a child having to struggle on their own in a frightening environment. These included the story of Aladdin who was left alone, afraid, in the cave, and Goldilocks, who has to face the three bears and is trying to make sense of where she fits in; Hansel and Gretel who are left alone in the forest to find their way home; and Little Red Riding Hood who has to face the all-consuming wolf. Rich personal meaning is gained from fairy stories because they facilitate changes in identification as the child deals with different problems, one at a time. This was particularly evident when after reading *Hansel and Gretel* in the third group Sanyu commented: 'I have been in the forest but now I have a new family . . .' This appeared to be a recognition of the dark frightening feelings associated with bereavement and loss. The confusion of what had happened to her and her siblings must have created a profound feeling of being lost.

The marriage dress and the 'fighting men'

One theme came from Daniel in his first session in the group as he looked through the dressing up clothes suggesting that Sylvie might want to be a princess. Daniel then picking out the wedding dress and veil said 'The princess is Helene'. Daniel then approached Helene saying 'You have it Helene, a marriage dress'. When Daniel had received no response he put the wedding dress on his head and ran to the other end of the room – Jacob observing him said: 'Daniel, kiss the marriage dress.' In the previous group Daniel and Jacob had identified with the pictures of super-heroes, which had led on to them becoming fighting men. Each week they had chosen to be face-painted with green and red paint with a black outline. The mask symbolized their need to fight their illness and losses. It appeared that they had found solidarity in not being a lone fighting man. Their mutual support appeared to contribute to strengthening their self-image.

During this first session Daniel decided that he wanted to be a fighting man, expecting Jacob to follow suit, he became frustrated when Jacob refused to do so, somehow ambivalent that although he would play fighting men he would not have his face painted like Jacob's. This conflict appeared to bring out the darker side of their relationship in which symbolically they were playing each other's shadow role. They began to fight physically, Jacob pushing Daniel to the floor held him around the neck, saying 'You're dead, I've killed you . . .'. Daniel then got hold of Jacob and dragged him back saying 'Please be a fighting man . . .'. At this point two of the therapists needed to intervene in the children's play, by taking Daniel and Jacob aside and gently reminding them of the boundaries of the sessions. Daniel responded well, whereas Jacob became more and more anxious and regressed to behaving like a small baby, sitting on a female facilitator's lap.

The fight was about Daniel not wanting to admit to his anxieties about being ill and being angry. Jacob, in contrast, found a safe space in the group to act out his distress and his refusal to be face-painted as a 'fighting man' – he aired his need to say 'I'm fed up with pretending to be strong, to be a "fighting man". I'm really angry that I'm sick and I don't want to play this game any more.' This was literally reflected and verbalized by the male facilitator, who also pointed out the need of the two boys to be connected together. Daniel found the prospect of abandoning his 'fighting man' persona terrifying and this was illustrated as he followed Jacob around the room, pleading with him to be

a 'fighting man'. Whereas Daniel represented the strength to deal with difficult situations, Jacob carried the fear belonging to these difficult situations. Their friendship held these two aspects together. One of the facilitators commented to Daniel: 'How scary it is when you stop pretending you can deal with everything'.

The marriage dress appeared to represent the wish to be connected with the other children and the facilitators. As a theme put forward by Daniel, it could be seen as a need for him to state a connection or promise to Jacob as both of them would soon leave the nursery for school and they were facing an imminent separation from each other. Daniel wanted to marry Jacob and he wanted to marry some of the girls in the group. Daniel's mother had wanted a girl for a long time and Daniel appears to have internalized her wish that he 'should have been a girl'. This was perhaps reflected in Daniel's choosing to marry Jacob.

The fairy godmother and the wicked witch

Whereas the average child aged between three and five experiences childhood as a time when they have the freedom to be predominantly concerned with their own needs, children in the group, as a result of their life circumstances, have a knowledge beyond their years. Very often they take up the role of their deceased parent and although, because of their age, they are unable to take on practical responsibilities, they do take on emotional responsibilities. One child (Maurice) continuously chose to be the doctor. With the play doctor's kit he would examine the three facilitators, then administer doses of medicine, to 'heal' them and make sure they would last during the life of the group. Maurice was also extremely sensitive to the anxieties of the more fragile children. When Jacob became distressed and needed to be comforted, Maurice fetched the doctor's kit and went and sat beside him. The female facilitator commented on Maurice's need to look after the other children but that sometimes Maurice could also be looked after by the facilitators, after which she started to pretend to examine Maurice with the play doctor's kit.

These children ended up caring for their parents, while at the same time they were very angry with them for the continuous losses in their young life. This anger is usually suppressed by the guilt they feel for being angry with their parents, particularly their mother. Because most of the children in the group live alone with their mothers and other siblings, the children's anger is then transferred in the group dynamics onto the female facilitators. The child in the group at times fears the female facilitators, as though they are like the stepmother in *Snow White* or the 'wicked fairy' in *Sleeping Beauty*. The bad mother (Klein, 1932) might destroy or abandon the child and this feeling is particularly strong for children who have lost parents.

Daniel first introduced Oedipal issues into the group dynamics. This was displayed in Daniel's need to be with one of the facilitators and to exclude the other. At a certain moment the children all attached themselves to the female facilitator, referring to her as a 'queen', and referring to themselves as 'princes and princesses'. They mentioned that the male facilitator was 'only a man', a person who was currently not involved in the group play. The third facilitator did not get any attention – she was 'nothing'. The male facilitator mentioned to the group that he thought there was no space for a father. 'That's right', Daniel said. The male and female facilitator continued to communicate throughout the play scenario, so that the split that the children tried to set up between the two facilitators did not actually occur.

In further sessions the boys wanted the male facilitator to be a king, while they could be princes. The male facilitator thus took on the role of a father figure. This provided a feeling of safety for the children, reducing their anxiety levels by symbolizing the repair

of the decimated family and its dynamics, with a father figure there once again to support the mother figure, in turn enabling the mother figure to care for the children.

The group had moved the attention from the mother figure to the father figure. While first being afraid and anxious about this man in the group – most children no longer having a father in the family – they focused more on the excitement the father figure could bring in the group. Winnicott (1960) believed that the father's role in a family opens up a new world to the children and that when the father joins in the play of the children, he adds valuable new elements as they begin to see the world through a new pair of eyes. The father figure literally came from another hospital and as such brought another outside reality to the group, leaving the children wondering about the connection between the male and female facilitator: 'How old are you?' 'Are you her brother?' 'Are you married?'

Parental secrets and the closed cupboard

Further Oedipal issues were expressed by the children. The therapy room included a large cupboard that was kept locked during the sessions. The children often wanted to know what was behind the door. They would say in rather demanding voices: 'Let me in', 'Open the door' and 'There is a monster in the cupboard'. The cupboard can be opened with a key and the children were very keen to carry the keys of the facilitators and try to open the door, which in fact they could only open with our help.

The fantasies of the children included that there was a monster in the cupboard, there was treasure in the cupboard, that there were presents in the cupboard and that the therapists lived or slept in the cupboard. The fantasies also involved their wishes to know about the relationships between the facilitators. Some of the children wanted to be king and challenged the position of the male therapist, whereas at other times the female therapist was challenged by the children wishing to be queen. The wish for an exclusive relationship with one of the facilitators was often expressed by their asking a therapist to take them to the toilet, outside the room. In this way they wanted to be part of the imagined exclusive relationship of the therapists, expressing their wishes to have a relationship with their parents or deceased parents. In their play with dolls the children often recreated the lost family. One child undressed all the parent-, baby- and child-dolls, and put them to sleep in one huge bed.

One of the issues arising was a conflict between the therapists, whether or not to open the cupboard door. The children tested the 'parental' therapists' relationship by continuing to ask for the door to be opened. This led to a situation in which one of the therapists opened the door, whereas the other did not want to open it. However, it also appeared to demonstrate that the children's losses affected the relationships with their parents and they projected their insecurities about a stable parental relationship onto the therapists. Many interpretations of the facilitators were about the children having to live with the unknown. In the section on resolution later, we describe how the cupboard played a role in the final session.

The sleeping beauty

The children's favourite fairy stories read at the beginning of the first group were *Sleeping Beauty* and *Snow White*. In their search to find a 'new family' and repair the losses of family members who have died, the group entered a period of depression, which began in the third session. Remembering the loss of a parent evoked anger in some of the children. The anger was usually not expressed due to the unavailability of anyone to express the anger to. The children started to feel guilty for being angry and as a result ended up being depressed. It was notable that some children acted out this anger, whereas others remained depressed.

This fairy story, *Sleeping Beauty*, appeared to unlock suppressed feelings within the children, and anger emerged during the latter part of the group. The group became quieter, and when there was anger it was usually acted out by breaking the rules of the group, i.e. hurting other children, trying to destroy material in the group, continuous swearing and/or shouting, or trying to escape from the room. The children no longer wanted to take on the energetic, active roles that had previously been symbolized by having their faces painted as 'fighting men'. They often drew and painted in silence or were anxious about another child acting out. The wish to recreate a family seemed impossible and the rivalry among the children was enormous. Children tried to displace their anxiety onto other children or onto the facilitators. The anxiety at times was unbearable and they could not contain themselves. In one of the final sessions Jacob's acting out began to cause such anxiety in Maurice and Daniel that Jacob had to be removed from the group room. When Jacob had been returned to the nursery the children expressed their relief by cleaning and mopping the floor and surface areas, with comments such as: 'We're cleaning up the mess.'

Face-painting and masks

Although the art materials were readily available to the children it was the array of face-paints that most attracted them, and the images that they chose to depict on their faces (or requested the facilitators to paint onto their faces) were powerful and symbolic. This face-painting felt very different from a face-painting activity at a funfair or play day, in the sense that the images were produced in a well-defined and therapeutic space and that, in this setting, the children's actions and interactive play enabled the therapists a unique insight into the dynamics of the unconscious.

The masks symbolized some of the true feelings of the children. Winnicott (1960) wrote that if a mother is inconsistent in her handling of her child and fails to meet the child's needs and interpret them correctly (maybe because she herself received poor parenting or because of trauma, ill-health or death), then the infant and later the toddler will develop a 'false self'. This is where a child becomes compliant to the demands of the mother. To please the mother the baby builds up a false set of relationships that satisfy the mother's needs. The baby will adapt to the traumatized mother because it will try not to deprive itself of the love of the mother, in whatever way she gives it. This baby, when becoming an infant/toddler, senses that its true self was rejected because there is something deeply wrong with him- or herself, for which he or she is to blame. The 'true self' does not remain undeveloped but becomes the secret shame of the child and the sense that there is something wrong with who he/she is. The painting of the masks provided a space for the children to explore their true selves. Often the children were ashamed of their need to be loved, their need to show who they are. The facilitators had to point out that they were likeable and loveable children.

This shame is further accentuated by the stigma of HIV and parental 'white lies' that are told to the children, friends and families about why the child has to take medication and why they are in hospital. This was evident in a play scenario in which Maurice and Jacob hid from Daniel. Daniel then crawled along the floor to look behind the chair where they had hidden. On being found, Maurice and Jacob encouraged Daniel to be quiet, saying: 'Shh – this is a secret hiding place.' The three of them sat whispering, whilst the facilitators voiced loudly their amazement at where the boys had disappeared to. This play scenario recurred frequently.

Two favourite images that are often the first request, or are face-painted by the children themselves, are a clown or a tiger. The clown appears to represent the underdeveloped childlike emotions or concealment of deep sadness that the children are

not free to be themselves and are denied the freedom that other children around them have. Thus the clown image on the face and the process of painting the image onto the face is a psychic unconscious process, which is transposed to the face by painting. Sanyu and Maurice, the two affected children, frequently chose to be clowns. Helene and Sylvie, two infected girls, frequently chose to be lions or tigers, the identification with wild animals reflecting many aspects of being a 'sick' child. With the wild animals being a sign of danger and the lion being a symbol of illness, the children must literally at times feel as though the lion is being unleashed through their bodies.

Yet, Cybele, the Phrygian Mother goddess, rode a chariot drawn by two lions. These symbolize strength and power, emotions which the girls began to display in the group, where they had the freedom to play, to extend the boundaries, and explore their body images. Once they were face-painted, there were roaring sounds, and Helene would stand on the bench in the play room with Sylvie at the other end, doing a cat-like dance, lifting their hands up to make them like claws, and they would then silently mouth the roar. It was as though they were ready to jump on their prey – the facilitators would have to hide whilst the lioness or tigress pursued them. The facilitators were then playfully consumed with eating and chomping noises. Throughout the children's role-play the facilitators would comment and reflect upon the emotions raised through the children's identification with the characters of their face-painted masks.

Sanyu, in the second group, face-painted herself as a crocodile, saying, 'I want to bite people and spit them out . . .' She then went around trying to bite the facilitators and the other children. The 'spitting out' could be symbolic of the speeding up of the process of life, by which the inner potential of the person slowly becomes manifested in their life, and transforms their personality. Sanyu has progressed from being withdrawn and appearing unable to speak English, to emotionally processing the bereavement of her father, the illness of her younger brother and mother, and her own HIV testing, and most recently the separation from her mother to live with a foster family.

Resolution

As we moved towards the ending process of the groups, the depression that had appeared to set in around weeks five and six, which accompanied acting out, dissipated and the strands were brought together for a resolution process, enacted in role-play scenarios. Sylvie, an overweight and HIV-positive child, had at first been made a scapegoat in the first group. She had been allocated the role of 'sea-monster' or 'crocodile' by Daniel and Jacob and in the early sessions of the first group had put on the wedding dress only to be mocked by the two boys. Realizing that she was a comical figure, she would put the play crocodile in front of her face and pretend to chase the boys around. When the depression had enveloped the group, Sylvie had stood firm, showing herself to be a consistent and strong member of the group who had stayed in the background but offered an adhesive feel to the other children by her large and generous presence. Marie von Franz (1980) in her book *Redemption Motifs in Fairy Tales* has written about fairy tales in which redemption refers especially to a condition in which someone has been bewitched or cursed and through a certain work in the story is redeemed. Sylvie's work in the group led at the end to her becoming 'Sleeping Beauty' and the other children allowing her to be the princess. She dressed in a beautiful gold dress and had matching face-paint. She then lay on a bean cushion and Jacob and Daniel took turns to kiss Sylvie as 'Sleeping Beauty'. Being able to role-play the princess gave Sylvie a greater sense of confidence, and she was no longer the scapegoat. The facilitators praised the children in the group for being able to make Sylvie feel special and valued. The facilitators

recognized that this was only possible if all children were able to feel special and liked and that there was no longer a need for a scapegoat.

At the end of the sessions the resolution came, when the children came together in a group play which involved creating a makeshift boat and sailing to a 'desert island'. Maurice and Sylvie went round to the children and facilitators to collect money from them and then the group embarked on a journey in a boat. This took the children through a journey, in which they had to slay 'sea-monsters', 'sharks' and 'crocodiles'. There was an overnight stay – 'the night journey', and it took another group session before arriving at the 'desert island', where the children insisted that the whole group stay in the boat together. It appeared to create an intimate and womb-like security and when the therapists asked if we had arrived there was always a chorus of 'No, we are not there yet', as if the journey was not ready to end. In the final session, there was a party on the desert island. The journey seemed symbolic for it tied up with many themes in the fairy stories which had been read to the children, where the hero (the children), as in *Hansel and Gretel*, or the prince and princess in *Sleeping Beauty*, have to conquer the dark forest or the thick thorny bushes or the long sleep – depression – to get to a resolution.

The 'sea-monsters' and 'sharks' were also symbolic of the great mother, who is two-edged. On the one hand, the great mother is creative and loving, on the other hand she is destructive and ambivalent. This again illustrated the double feelings these children had towards their mothers. The desert island beach appeared for the group to be a romantic getaway; a place of happiness. Washed by the sea tide, the island was symbolic of regeneration and change through the group process, feelings and emotions had been contained, interpreted, and the process moved on – it was noticeable that through containment and support, the angry fighting and wrestling between Jacob and Daniel had dissipated. The group play also indicated that the children were feeling safer and more contained and so their play became more adventurous and imaginative.

As at the end of every fairy story, there is a 'happy ending' or 'happy ever after'. The facilitators decided that there should be a surprise and the cupboard that had been kept locked should be opened, and the children be able to receive gifts – emulating Aladdin's cave and the treasures received. These gifts were symbols associated with themes in the group, i.e. a small box of face-paints, a play lion figure, a boat, their favourite fairy story. The gifts were also symbolic of giving love and of the children being able to take away with them an object of love. For Jacob and Maurice the anticipation of being able to open the cupboard door and find a wrapped gift with their name on was enough; both Jacob's and Maurice's mothers reported that they had not unwrapped their gifts for several days and Maurice had carried his gift around in a bag for a week. This is quite a feat for a three-year-old boy and showed us the importance and significance of giving the children gifts.

Conclusion

We observed that reading and the use of imagery in fairy tales helped the children to understand that characters such as wicked witches, fairies and monsters, that are very threatening, can magically change to become something less frightening. This helps the children to acknowledge that an unpopular child or a new foster parent may also be less intimidating than they first imagined. At the beginning of the groups a few of the children who had been isolated due to hospitalization or due to having too much responsibility for a parent, had been able to learn to trust the other children. We observed that the identification with the other children who attend the group was very powerful and we

saw children who hitherto found it hard to make friends in the nursery become close to other group members.

Although these children still had to return to the reality of their illness, taking their medication, experiencing hospitalization and separations, their stressful home life and future bereavements, the group experience provided them with a safe and contained environment. The horrors and difficulties of their early past and inevitable abandonment by their parents' death were re-experienced. The therapists acted symbolically as parents, allowing for a new beginning and helping the children to process losses and separations through preparation and creative endings to the groups. By offering the children a magical ending with presents, we were not glossing over their pain or difficulties. Rather, we were rewarding their courage and acknowledging the difficulties they have gone through. Bettelheim (1976: 51) wrote: 'Children should not be deprived of magical experiences, for without them they will be unable to meet the rigours of adult life.'

Obviously, we cannot measure at present the long-term effect of these groups, and some of these children may not live beyond the next 10 years. However, what is clear is how important the groups have been to these children in the present. This can be clearly seen in these children's memories of events and themes and their requests for the next group. At times, we observed how painful, exciting and frustrating it has been for the children to wait for a whole week in between the groups. We observed that in some of the children their behavioural difficulties reduced during or after the group, in some children who experienced difficulties around refusing food or over-eating we have seen positive changes. Finally, staff observed that anxiety around hospital and medication has been contained.

References

- Axline, V.M. (1964). Accepting the child completely. In M.R. Haworth (Ed.), *Psychotherapy: Practice and theory* (p. 14). New York: Basic Books.
- Bettelheim, B. (1976). *The uses of enchantment – The meaning and importance of fairy tales*. London: Penguin Books.
- Bion, W. (1962). *Learning from experience*. London: Heinemann Medical Books.
- Bowlby, J. (1998). *Attachment and loss. Vol. 3: Loss: sadness and depression*. London: Pimlico.
- Franz, M. von (1980). *Redemption motifs in fairy tales*. Toronto: Inner City Books.
- Gibb, D., Duggan, C., & Lwin, R. (1991). The family and HIV. *Genitourinary Medicine*, 67, 363–366.
- Judd, D. (1995). *Give sorrow words – Working with a dying child*. London: Whurr.
- Klein, M. (1932). *The psychoanalysis of children*. London: Hogarth Press and the Institute of Psychoanalysis.
- Main, M., & Hesse, E. (1992). Disorganised/disoriented infant behaviour in the strange situation, lapses in the monitoring of reasoning and discourse during the parents' Adult Attachment Interview, and dissociative states. In M. Ammaniti & D. Stern (Eds.), *Attachment and psychoanalysis*. Rome: Guis, Laterza and Figli.
- Mendelsohn, A. (1997). Pervasive traumatic loss from AIDS in the life of a four-year old African boy. *Journal of Child Psychotherapy*, 23, 399–415.
- Siegel, K., Karus, D., & Raveis, V.H. (1996). Adjustment of children facing the death of a parent due to cancer. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 442–450.
- Winnicott, D.W. (1960). *The maturation processes and the facilitating environment*. London: Hogarth.