Denial in the Children Whose Parents Died of AIDS

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**ABSTRACT:** Many children require placement before they reach maturity because their parents died of AIDS. This article traces how denial is used by parents with AIDS and by their children in residential placement.

**KEY WORDS:** Denial; death; parents with AIDS; defenses; adolescents in placement.

The crack epidemic and the heterosexual spread of AIDS have increased the number of children who require foster and residential placement.† Parents who are chronic substance abusers or HIV infected often are unable to function as competent parents.‡ This paper explores how adolescents, their families, and professionals responsible for them use denial in dealing with instability, loss, and abandonment.

Denial is defined as the refusal to admit the reality of, disavowal of the truth of, or refusal to acknowledge the existence of, a fact.¶ Denial is thought of as a primitive and ineffective defense if overly used.¶ The attempts to disavow an unpleasant reality usually are seen as an inappropriate defense that does not protect one from the psychological stress arising from an affect related to a real situation. However, for children whose parents have AIDS, denial protects against the stresses of chronic problems and helps organize their "shame" of the illness and placement, and finally, the parental death.

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Population

The residents of Leake & Watts Children’s Home are inner city youth between 12 and 18, primarily Afro-American and Hispanic.* They are referred by the New York City Child Welfare Administration, the foster home division of Leake & Watts, and the Family Court.

Two-hundred and twenty (220) children resided at Leake & Watts in 1990. The adolescents whose case histories are presented are the 3 whose parents were known to have died of AIDS. These adolescents had ongoing contact with their parents in the year preceding their parents’ death. Other adolescents on grounds had parents who died in 1990, but the causes of their deaths were not known.

Prior History

The families of the children whose parents died of AIDS obscured what had happened in their lives. All of the facts had not been told to the children; for example, an aunt who cared for her adolescent nephews while their mother was hospitalized with PCP pneumonia, said, “I’m also HIV positive, but we don’t know what to tell them. We haven’t said anything. We hope we have time.” She chose to avoid painful communications.

Lapses of vital information characterized this population. How much, and what was denied about the past was the choice of whom-ever represented all the family at the initial placement. Easily known facts were not presented, such as whether the mother used drugs and where the child was born.

When growing up, well known facts were concealed from these children to prevent the anxiety the answers evoke, since the information was shameful or humiliating, as when a parent used drugs or died from AIDS. When they encountered insults, such as “Your mother is a whore,” their failure to defend against the insult seemed to validate it. For these children, the insult may have been true, and they denied the pain related to it.

For the children what starts as a defense against feelings of shame proceeds into denial that becomes both a need to be secretive about

* The campus has ten cottages housing 100 adolescents. A full range of clinical and social services are available; behavior modification, milieu therapy, intensive case work, and educational remediation.