HIV Disease in Print

Once again, we have asked a group of AIDS Health Project staff and local experts to discuss several books: The Second Decade of AIDS: A Mental Health Practice Handbook (page 1); How the Uninfected are Affected by AIDS and In the Shadow of the Epidemic: Being Uninfected in the Age of AIDS (page 3); Grief and AIDS (page 4); AIDS and the New Orphans: Coping with Death (page 5); People with HIV and Those Who Help Them (page 6); and Good Doctors, Good Patients: Partners in HIV Treatment (page 7).

It is notable that many of these books focus on the challenges of witnessing HIV disease and the epidemic, whether among people who are infected or uninfected: seronegative gay men; the children of people with HIV disease; and those who are left to grieve in the wake of death. While there have been other books on some of these topics, it is no coincidence that there is a profusion of them now: after 15 years, more and more of us are survivors. Of course the concerns of people with HIV disease remain central, and there are two books published this year that are particularly important for caring for people with HIV disease: The Second Decade of AIDS and Good Doctors, Good Patients.

The Second Decade of AIDS

Patricia Sullivan, MFCC


The Second Decade of AIDS is an ambitious book covering the broad range of mental health issues a clinician may encounter when working within the HIV epidemic. It touches upon a variety of issues—psychological, social, relational, family, cultural—all relevant given how the epidemic intersects the lives of clients and communities. Subtitled A Mental Health Practice Handbook, the common thread that holds the chapters together is the importance of understanding a client’s experiences in order to develop successful treatment interventions.

Topics range freely, covering such diverse concerns as: therapy with inner city families; counseling African-American gay men with HIV disease; group support for gay couples coping with AIDS; the concerns of women; safer sex maintenance and reinforcement; and the legal aspects of planning for the future care and custody of children. A chapter is also devoted to the grief, loss, and burnout issues faced by HIV care providers.

The book serves as a primer for clinicians new to the epidemic as well as a manual for the provider seasoned in HIV-related care. Each chapter begins with a highlight of the key points to be discussed, and offers an overview of the therapeutic themes and considerations and an outline of useful approaches for assessment and treatment.

Complex Psychology and Practical Tools

Overall, the book is well-written—clear and methodical—enabling readers to appreciate the more complex psychological factors influencing client behavior while also offering pragmatic “tools” to help the clinician effect change. “Counseling Children Who Have a Parent with AIDS or Who Have Lost a Parent to AIDS” helps to illustrate the practical, “hands-on” approach of this book. As a therapist who has worked primarily with adults with HIV
disease, this chapter offered enough insight and direct guidance that I would be able to intervene and work with a child in this situation if necessary. The chapter discusses the characteristics of families in which a parent has HIV disease, how to assess and work with families in which children do not know about a parent’s diagnosis, considerations and strategies for disclosure, treatment of children who know about the diagnosis, and bereavement issues particular to children. The information is presented in a logical, almost step-by-step manner that can help to shape a thorough treatment plan.

Not all chapters are so focused on a “hands-on,” technique-based approach. For example, the chapter on “Group Counseling for Gay Couples Coping with AIDS” is descriptive, based on the author’s experience of providing group counseling to gay and lesbian couples. The chapter reviews the clinical themes common to the group process: anger, multiple loss, dependency, loss of hope, shame, stigma, and fears of abandonment. It underscores how group therapy can go beyond individual therapy, decreasing isolation, providing feedback about communication style, and creating a supportive network.

The book also addresses the significant impact of the epidemic on seronegative gay men, devoting two chapters to this subject. “Survivor Guilt in HIV-Negative Men” explores the meaning of survivor guilt, how guilt may lead to unprotected sex, how the therapist can identify and work with survivor guilt, and how the therapist may also experience survivor guilt. “Safer Sex Maintenance for Gay Men” further explores the reasons why seronegative gay men may have unprotected sex, including the sense of the “inevitability” of seroconversion that many gay men experience. This chapter is written more from a health educator perspective than a clinical one and, in its brevity, does not fully explore the factors contributing to unsafe sexual behavior and the development of risk reduction client strategies.

For the clinician working within the HIV epidemic, it is necessary to be attuned to the devastating toll the epidemic has taken on the gay male community; as one 23-year-old client is quoted, “I’m sometimes glad to think that I won’t be around in 10 years—because by then the only gay people left will be those whose lives were ruined by watching the rest of us die.”

**Audience**

Though The Second Decade is written as a mental health “handbook,” it is relevant not only to mental health professionals but also to other health care providers, medical social workers, and educators. For the reader seeking a purely psychotherapeutic “lens” throughout the book, a few chapters written from a health education perspective may disappoint, although these chapters remain relevant to clinical work. In addition, almost all of the authors are from East Coast cities, and this may affect the generalizability of their comments.

The book ends on a rather compelling note, shifting from an objective stance to the personal experience of co-editor Michael Shernoff, a New York therapist living and working within the HIV epidemic since 1982. His self-exploration touches upon those fragile places within us that are stimulated when we work with clients with HIV disease. As Shernoff ponders issues such as talking to clients about death, confronting mortality, and dealing with the pain of loss, readers have a welcome opportunity to reflect on the great challenges and personal rewards inherent in working within the epidemic.

**Authors**

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**Clearinghouse: HIV-Related Books**


Understanding HIV-Negative Gay Men
Rachel Schochet, PhD


Published within the span of several months, two groundbreaking books address the complex and myriad issues facing uninfected gay men. Taken together, these two monographs portray the needs of this overlooked population and address the psychological implications of being and staying HIV-negative. If nothing else, these pioneer works break the silence on seronegatives. As if neglected voices, these authors seem to shout their message: uninfected gay men have been touched in profound ways that have remained largely unspoken and these concerns must be expressed.

Fifteen years into the HIV epidemic, attention is finally being paid to this vulnerable population. Justifiably, the first decade of the epidemic saw most of the study and scrutiny—and most of the resources—going toward understanding the medical and psychosocial intricacies of those infected with HIV. But to assume that seronegative people living in the midst of the epidemic are untroubled is a serious oversight, particularly given the implications for HIV prevention.

Seronegative gay men endure tremendous psychological burdens. In addition to the most apparent issues—grieving multiple losses, undertaking sometimes difficult changes in sexual practices, and bearing survivor guilt—there are urgent reasons to understand the dilemma of uninfected gay men. Unconscious and unaddressed, their psychological conflicts can potentially result in an increase in unprotected sex and seroconversion. These two books go beyond earlier work on HIV disease to reveal these struggles and conflicts.

Unconscious and unaddressed, psychological conflict can result in seroconversion.

Authors
Rachel Schochet, PhD is a clinical psychologist in private practice in San Francisco. A pioneer in addressing the needs of seronegative gay men, she also conducts research and training in coping with multiple loss, HIV disease, and survivor issues.

Stories from the Front
As a long-time group member and peer facilitator of the Boston HIV-Negative Support Group, William Johnston wanted to find a compelling way to present the experiences and predicaments of group members. The result is HIV-Negative: How the Uninfected are Affected by AIDS, a springboard for people who do not have the benefit of a support group to consider these issues.

Relying on his extensive experiences as a peer group facilitator, Johnston interviewed 45 men to weave a fascinating, comprehensive, and integrated framework of the overall experience of HIV-negative men. In an effort to understand the experience of uninfected gay and bisexual men, he offers a tapestry of voices to illustrate the variety of responses, consequences, and struggles. Like a documentary film-maker, Johnston portrays an anthology of glimpsed lives, shattered dreams, and pervasive concerns. He does a commendable job of profiling these stories, describing the concerns embedded in each participant’s narrative. He addresses topics such as anxieties surrounding the testing process, mixed reactions to testing HIV-negative, taking sexual risks, and looking to the future. Appendices offer guidelines and strategies for support groups as well as resource listings.

This book is readable, insightful, and relatively undemanding. It is a valiant effort. Written not necessarily for clinicians, it admirably conveys the human element of the quandaries facing HIV-negative gay men.

A Man with a Mission
Walt Odets is a different kind of commentator. Odets, a clinical psychologist, departs from Johnston’s book, elaborating from a clinical perspective upon many of the issues raised by the seronegative life experience.

In the Shadow of the Epidemic: Being HIV-Negative in the Age of AIDS, is an eloquent treatise on the psychology of being uninfected in a community of many infected men—an illuminating book full of wisdom and learning. Writing with precision and passion, Odets is clearly a man with a mission. While he states that this book is for the general, nonprofessional reader concerned with HIV disease and gay men’s issues, readers should prepare for serious, dense, and thought-provoking reading.

In this ambitious volume, Odets describes and interprets a cluster of symptoms of the “psychological epidemic” among seronegative gay and bisexual men: depression, mania, anxiety, hypochondriasis, and sexual dysfunction. He offers several important reasons why seronegatives have been in the shadow: denial, minimiza-
tion of the emotional needs of seronegatives, and the profound and far-reaching effects of survivor guilt. He illustrates his ideas with rich clinical vignettes that bring to life the powerful influence of denial, guilt, and hopelessness on gay lives.

Odets’s greatest concern, which he raises emphatically and insistently, is that current and past prevention strategies are severely misguided. He contends that an over-reliance on behavior change messages at the expense of an appreciation of the psychological underpinnings of human sexuality have combined in a recipe for failure. Disparaging current prevention campaigns, Odets proposes a renaissance that goes well beyond reminding men “to use condoms every time.” He is resolute, stating that: “AIDS education must incorporate psychological understandings into its conceptualization of the problem if it is to become effective with a problem as complex as a lifelong epidemic.”

Heard It All?
Both books fail to specifically address issues confronting people of color, and older and younger gay men. They also generally overlook the distress of other uninfected but closely impacted populations, such as lesbians and health care providers. However, they will raise your consciousness about the needs of uninfected gay men. Even if you think you’ve heard it all, these books are requisite reading for anyone working with HIV-vulnerable populations.

At times, however, this breadth leaves the reader wanting more specifics. For example, the book fails to take advantage of the emerging research on HIV bereavement, instead relying on research on general bereavement and attempting to extrapolate it to HIV-affected populations other than gay men. These concerns aside, the research on AIDS and bereavement is generally current, if not comprehensive, and the clinical insights tend to be practical and derived from a wealth of experience. An excellent chapter by Laura Dean—“Epidemiology and Impact of AIDS Bereavement in New York’s Gay Men’s Community”—does succeed in citing relevant background studies.

The use of the term grief in this book is sometimes confusing. Authors tend to use the word in its broadest sense: an emotional reaction to loss. Thus, grief can describe the reaction to the loss of stamina due to the HIV progression or the loss of a loved one to AIDS. In fact, in the chapter on “Suicide in Patients with HIV Infection and AIDS,” the issue of bereavement is not addressed and the connection with loss is only tangential. It would have been helpful if the editor and authors had made a clearer theoretical distinction between loss, grief, bereavement, and mourning.

Conclusion
As a whole, however, Grief and AIDS works. Approached as a collection of voices, the book successfully imparts wisdom from a variety of modalities: research, community involvement, social services, and psychotherapy. Both psychotherapists and researchers will find a great deal to applaud in this book’s sensitive and intelligent approach.

Loss and the HIV Epidemic
Peter Goldblum, PhD, MPH


Grief and AIDS examines a wide range of grief-related issues as they affect people with HIV infection and those who care for them. The chapter topics are well-selected, and most attempt to combine theory, research, and clinical practice. The book is notable for its international perspective, one that is often absent in books produced in the United States.

Breadth
In general, the book’s strength—its breadth—is also its weakness. Topics include suicide, psychiatric problems, provider stress, ethical issues, psychotherapy, and the effect of grief on the community. Authors from throughout the world present both diverse and common themes. A chapter on “Grief and the Community,” which describes the economic, social, and political costs of the HIV epidemic in Uganda, is surprisingly relevant to understanding the reaction of Western communities most affected by the epidemic.

The book offers an abundance of practical suggestions related to evaluating bereavement-related risk for psychological disorders and suicide, coping with caregiver burnout, and discussing living wills. Its inclusion of populations that are often overlooked—such as bereaved children and parents, life partners, and people from nonwestern cultures—is impressive.

Authors
Peter Goldblum, PhD, MPH is the Director of the Stanford AIDS Caregiving and Bereavement Study and co-author of “The Clinical Management of AIDS Bereavement” in Facing the Future (UCSF AIDS Health Project, forthcoming). He is a clinical psychologist in private practice in San Francisco and former Deputy Director of the AIDS Health Project.
The Grief of Children
Marcia Quackenbush, MFCC


I did not expect to like this book. The title’s focus on “the new orphans” was off-putting. I anticipated comments about “innocent victims” or overly sentimental discussions of “AIDS babies.” This impression was heightened when I looked over the contents and noticed the chapter, “Suffer the Little Children: The Child and Spirituality in the Age of AIDS.” A little too dramatic, perhaps?

For those of you who, like me, tend to leap to judgment, this book does deserve a more careful look. Despite the odd title, the book’s content, tone, and purpose are actually appropriate and well-stated, and the selection of chapters covers a good range of issues. This thoughtful exploration of children and adolescent grieving is a welcome addition to the literature on children and HIV disease.

Why a Special Book on Children?

Why a special book on HIV-related grief for children? First, the scope of HIV loss is significant in this population. The CDC estimates that some 100,000 children will be born to mothers who die of HIV disease in this decade. But HIV disease also presents a different kind of death. Families often shroud the diagnosis in secrecy because of fears of contagion and societal taboos. Parents affected by HIV disease may struggle with poverty, substance abuse, and violence. Children who lose a parent to HIV disease are sometimes infected themselves, along with other family members. In these settings, issues of custody become complicated: can anyone in the family care for the child after the parent dies?

Under such circumstances, grieving and loss become complicated. Children may be confused by a parent’s illness; they may be enlisted in efforts to maintain secrecy without really understanding why; or they may be ashamed of feelings of rage, fear, or despondency. After the trauma of a parent’s death, the child’s living situation may worsen. AIDS and the New Orphans provides realistic and compelling case studies to illustrate these problems. I read of Marta, for example, a 14-year-old with HIV disease. Marta’s mother was killed in a drug-related shooting, her father died of AIDS when she was 11, and she lived with her elderly grandmother. A drug-involved uncle living in the home stole money, medications, and Marta’s food supplements. Marta’s grandmother died suddenly of a stroke. No other relatives were willing to raise Marta, and she was placed in a long-term care facility. She became withdrawn and depressed.

The Tasks of Grieving

While all children coping with AIDS in their families do not face situations so complex, these kinds of circumstances are not that unusual. The book acknowledges the often bleak reality of these children’s lives, while clearly articulating the necessary psychological tasks of grieving.

Chapters address parental loss among latency-age children and adolescents, grieving and HIV disease in Latino and Black communities, and grief among children living with new guardians. We are reminded that the child’s process of grieving is not the same as the adult’s, and that many of the common elements of children’s grieving may go “underground” for years, emerging in adolescence as withdrawal, depression, or acting-out behaviors.

The book’s strongest emphasis is on real-life rather than idealized situations, offering practical suggestions for providers and guidelines for program planning. The chapters cover a lot of basic ground but also provide good insights and ideas for the knowledgeable reader. Any provider working with children in HIV-affected families is likely to find helpful material here.

Suffer the Little Children

And, by the way, my favorite chapter was, “Suffer the Little Children....” This discussion of children’s spirituality was thought-provoking and thematically rich. The author encourages providers to work within children’s own spiritual framework, exploring and respecting the idiosyncrasies each child brings to a spiritual understanding. I loved the story of the 10-year-old who explained that when people die, the very good become angels, the bad become skeletons, and those in the middle become ghosts. Her mother, an injection drug user, had become a ghost and in this state would have a final opportunity to be good or bad before her fate was sealed. With the help of an understanding provider—perhaps one familiar with the ideas in this book—I think this girl has a good chance of seeing her mother’s fate well-settled.

Authors
Marcia Quackenbush, MFCC
is a Senior Trainer with the UCSF AIDS Health Project. She is also a co-author of Does AIDS Hurt? Educating Young Children About AIDS (ETR Associates, Santa Cruz, Calif., 1992) and How AIDS Works, a K-6 classroom curriculum on AIDS (ETR Associates, 1996).

In People with HIV and Those Who Help Them, Dennis Shelby tantalizes his readers, presenting an intriguing schema of HIV-related psychological responses, adjustments, and resolutions. Reviewing the results of his clinically-based research with seropositive gay men, Shelby characterizes the experience of adjusting to a positive antibody test result as evolving from “a new reality” to a “new potential.” Unfortunately, Shelby’s book, however substantial his thesis, reads too much like a choppy doctoral dissertation to provide a satisfying reading experience.

Shelby applies the language of self-psychology to illustrate the constructionist stage model gay men traverse: from the point of considering antibody testing through what he calls “The Big Bang”—the adjustment to a major opportunistic infection. The Big Bang includes the process of coming to terms with the diagnosis, talking about the diagnosis with others, making sense of the emotional pain experienced as well as responding to the medical realities and health implications of being HIV-infected.

**A Self-Psychology Paradigm**

People with HIV and Those Who Help Them is organized into 11 chapters: the first three describe the study process, and chapters four through ten delineate case material illustrative of Shelby’s psychosocial stage paradigm. A teacher and private practice clinician, Shelby examines the psychosocial challenges of HIV-infected gay men from a very particular vantage point: Chicago between the years 1989 and 1993. In the final chapter, “Clinical Interventions,” Shelby concentrates on making his model and conceptual framework explicit for the therapist in particular.

The book succeeds in its primary goal: setting forth a useful paradigm. In addition, for those drawn to self-psychology, Shelby’s approach may serve as a framework in which to view the client’s experience and adaptations over time. For others, the perspective will serve as an interesting, even provocative counterpoint against which to shape other perspectives.

Shelby’s basic thesis is that gay men living with HIV disease sustain multiple narcissistic injuries. An individual’s vulnerability to and ability to respond to narcissistic wounding is critical for the therapist to understand. Therapy is based on the premise that psychological problems are rooted in developmental deficits, flaws in the self, and a faulty system of assessing oneself in relation to others.

**Flaws**

Despite this stimulating material, several glitches interfere with the book’s value. Shelby sees his readership as HIV-infected individuals, their friends and relatives, and their providers—too broad a range for the material. The mental health provider who is new to HIV disease is most likely to benefit from reading the book as a whole, particularly the case material, if the clinical perspective and occasional bumps in the writing style do not dissuade him or her. Reading chapters four through ten alone may serve the purpose, as Shelby himself concedes, in giving a broad sweep of the experience. For the seasoned therapist in search of a model, the “Clinical Interventions” chapter is a challenge to read, which disappointingly, makes the model itself less inviting. For the family member or HIV-infected individual, however, there are other texts that are better, more accessible primers on the HIV experience.

Most significantly, the book title does not reflect its content. Clearly, this is a book about men, seropositive gay men to

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**Coming to Terms with HIV**

**JD Benson, MFCC**

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**Authors**

JD Benson, MFCC is a Senior Trainer at the UCSF AIDS Health Project and a therapist in private practice. She is the co-author of Risk and Recovery: AIDS, HIV and Alcohol (UCSF AIDS Health Project, 1993).

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**New Book on Dementia**

In the tradition of FOCUS, AHP presents the UCSF AIDS Health Project Monograph Series, offering brief, accessible, and practical responses to challenging issues. We have just published the first volume in the series: AIDS and the Impact of Cognitive Impairment, a 96-page handbook that describes the range of conditions that cause cognitive impairment and the approaches providers can take in response to them. It is available from AHP for $7.95 (plus shipping and handling) by calling (415) 476-6430.
be precise. Although readers may be able to draw some general conclusions, Shelby himself fails to justify the generalizability of his clients' experiences and the conclusions he draws from that material. This is particularly disappointing since Shelby sets out to inform us through research, rather than solely from a case review. In addition, Shelby offers nothing to describe the experience of clinicians or the loved ones who care for people with HIV disease.

Finally, Shelby's language is weighted down by jargon which, as is usually the case, serves to hinder rather than help the reader's understanding, and occasionally makes for an unpleasant reading experience. A closer editing of the text might have remedied this intrusive flaw.

Conclusion

With its various disappointments, this book remains valuable in the broader context of texts on the psychological aspects of HIV disease. Shelby informs the historian as well as the clinician about the trials of people with HIV disease and, by inference, about one therapist's struggle. However overintellectualized, the book succeeds in providing the determined reader with a kind of sense of it all.

Doctors and Patients
James W. Dilley, MD


As an experienced AIDS provider, I found Good Doctors, Good Patients to be insightful, easy-to-read, and emotionally charged. Written with simplicity and grace, the authors have made a unique contribution to the now considerable literature on AIDS. This book offers a compassionate and sophisticated discussion of the emotional dilemmas faced by those living with HIV disease as well as a description of the thoughts and approaches of physicians expert in their care.

The book was written to chronicle the lessons learned by the authors about the doctor-patient relationship and to highlight whether certain qualities, attitudes and medical strategies are associated with longer survival. The authors gleaned the data from a study of nearly 100 men and women long-term AIDS survivors and 25 physicians in New York and San Francisco, identified as outstanding AIDS specialists.

A Useful Body of Information

The book consists of 13 chapters examining the experience of both patients and physicians. From their interviews, the authors define a list of characteristics—attitudes, habits, and knowledge—of the “good HIV patient” and the “good HIV physician.” The latter portion of the book concentrates more broadly on the personal experiences of patients and provides an excellent description of the psychosocial and medical dilemmas faced over the course of illness. The last two chapters describe the role of the HIV counselor and briefly consider the tasks for family members and friends who accompany the patient on his or her journey.

Few books offer such a useful body of information for physicians, and it is notable that the discussion is relevant to the practice of medicine beyond HIV disease. In particular, the authors examine the doctor-patient relationship and the expectations patients have of their physicians and physicians have of their patients. For example, the chapters on “Balancing Hope and Candor in Late Stage Illness” and “When Physicians Can’t Cure Patients” offer sensitive and thoughtful advice about how to discuss the difficult issues associated with caring for the dying.

“The End of the Line for PWAs: When Enough is Enough” puts the issue of suffering and futility of treatment squarely on the table, discussing it from both the patient’s and provider’s perspectives. It covers understanding the role of the patient in making decisions, encouraging patients to get their affairs in order, and speaking directly about the traditionally taboo subjects of assisted suicide and euthanasia. The authors discuss these issues directly and convincingly, reviewing the common practices of physicians and finally offering their own perspective. They come down firmly on the side of the patient’s right to control when he or she dies.

Powerful Case Histories

The authors use well-written case histories to illustrate their main points. These stories, taken from in-depth interviews, are told in the patients’ own words, and it is in the reading of these words that experienced AIDS providers will be caught short: I was repeatedly reminded of patients and friends alike who are no longer here. In these case histories, the authors have captured the real struggles
of people with HIV disease and their internal dialogues as they strive to live full lives while coping with the demands of a progressive, debilitating illness.

Another feature of the book, particularly satisfying to busy readers, is that each chapter largely stands alone. Liberally sprinkled with relevant discussion of the literature, each chapter synthesizes material gleaned from the interviews with patients and physicians with the current published standards. For example, when discussing “Treatment Strategies and Philosophies,” the authors bolster patient responses with appropriate study data. Armed with this literature review, the reader who wants more can easily investigate each topic.

Conclusion

Good Doctors: Good Patients is an excellent primer both for patients and their families and for physicians new to treating people with HIV disease. For those experienced in the care of people with HIV disease, the book offers a confirmation of their experience and an opportunity to consider the experiences and perspectives of others. For mental health providers, Good Doctors: Good Patients provides a good description of the experiences of patients coping with their illness and offers a rare opportunity: a glimpse inside the doctor-patient relationship and the thinking of physicians as they perform their work and face the challenges of making life-and-death decisions.

This book should be a part of every AIDS provider’s library. It outlines practical information about HIV disease, treatment, and the psychosocial journey of patients and practitioners. More importantly, it suggests ways to talk to patients about difficult subjects, and speaks movingly of the joys and sorrows as both patients and practitioners do their best to manage the challenges of HIV infection.

Brief Reviews


This book deconstructs the problems women face with health care in our society and serves as a strong starting point for people searching for solutions to these problems. The first section of the book marshals arguments for feminist involvement in HIV/AIDS issues. The second shows how HIV/AIDS health promotion for women is hampered by the gender-linked imbalance of power in heterosexual relations. Section III treats the social construction of gender in institutions and relationships, including its impact on HIV-positive women’s mental health. Section IV’s brief chapters address feminist HIV issues regarding prostitutes, lesbians, women with learning disabilities, and women who use illegal drugs.


Marked by clarity, good conceptual grasp, and brevity, this book should be the basis for anyone interested in a serious examination of psychoneuroimmunology (PNI), the study of the effect of psychosocial factors on immunological factors. The book specifically addresses the biological, psychological and social determinants of distress, immunological decline, and disease progression in HIV-positive homosexual men.

The author found that while psychological interventions are equally effective ways of decreasing distress, support and effective coping are themselves important, and help preserve—even possibly increase—psychological well-being and quality of life.

Next Month

The idea of death is a constant for everyone dealing with HIV disease. The January 1996 issue of FOCUS explores the dying process from the perspective of two types of witness: the partner or family member and the physician. Avi Rose, MFCC, HIV Services Manager at the Tricity Health Center in Fremont, California, offers a personal account of the myriad of practical challenges he faced as he watched his partner die last year, covering in particular the emotional dimension of these challenges.

Stephen Follansbee, MD, Medical Director of the Davies Medical Center Institute for HIV Research in San Francisco, offers a clear definition of the dying process as the physician sees it, distinguishing among four categories of dying: psychic, sociologic, biologic, and physiologic. He emphasizes the ways in which physiologic dying—the terminal phase—is a specific and active process.
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