FOCUS presents for the first time what we hope will become an annual offering, a review of AIDS and mental health books that have been published in the recent past. The number of HIV-related books that are published each year can overwhelm the important resources many of these volumes represent. Brief reviews by HIV-knowledgeable clinicians—gathered in one place—can help readers judge the contents and quality of this vast universe of books.

This year we have asked a group of AIDS Health Project staff and local experts to review five books: If a Partner Has AIDS: Guide to Clinical Intervention for Relationships in Crisis; AIDS: A Complete Guide to Psychosocial Interventions; AIDS Prevention and Treatment: Hope, Humor and Healing; Support Groups: The Human Face of the HIV/AIDS Epidemic; and AIDS, Health and Mental Health. In addition, we have asked a UCSF medical researcher to review Rethinking AIDS: The Tragic Cost of Premature Conclusions, a book that deals comprehensively with the debate regarding the relationship between HIV and AIDS.

Finally, we have asked an outside reviewer—two substance abuse specialists from Stanford University—to review AHP's Risk and Recovery: AIDS, HIV and Alcohol. This is the first book to come out in several years that deals with these issues for providers, and, despite a potential conflict of interest, we decided to offer readers an unbiased opinion of the work.

The reviews speak for themselves. There is a great deal of information being published, most of which is useful, primarily to practitioners starting out in the field or wanting to learn about an area of HIV-related care with which they are unfamiliar. For providers already immersed in the epidemic, there is less that provides fresh insights or innovative approaches. Still, readers might want to consider, in particular, Dennis Shelby's If a Partner has AIDS, Helen Land's AIDS: A Complete Guide to Psychosocial Interventions; and Robert Root-Bernstein's Rethinking AIDS: The Tragic Cost of Premature Conclusions.

**Psychosocial Interventions**

George Harrison, MD


While AIDS: A Complete Guide to Psychosocial Interventions may not meet its goal of being the last word about this broad topic, it does offer an introduction to providers of every stripe. As editor Helen Land states, the purpose of the book is to help service providers and educators, “comprehend the interplay of the physical, social, and psychological factors affecting clients and society as a whole so the appropriate services can be initiated.” This diverse view of the many groups affected by HIV disease makes this text valuable.

The book is divided into three sections dealing with service settings, subpopulations, and special issues. In the first, the topics include AIDS education, outpatients and inpatient services, home care and hospice settings, and the nature of alternative service organizations. The second section contains information on the impact of HIV disease on gay men, substance abusers, people of color, women, the homeless, children and adolescents, and caregivers. The final section covers coping with HIV-related losses, legal and medical issues, and directions for social research.
Many chapters are written with clear, knowledgeable voices. A particularly good example is Luisa Medrano and Michele Cuvilly Klopner’s chapter on people of color, which focuses on Latinos, African Americans, Pacific Islanders, and Haitians. Medrano and Klopner describe the political and cultural issues of each group as a basis for assessment and treatment. They include the history of the people as well as how HIV disease has affected the community. This chapter represents a model of how the simple understanding of context can define the shape of treatment. Similarly, Dina Fosen and Wendy Blank describe how women and male clients differ, and suggest gender-appropriate interventions.

Jack B. Stein’s chapter on substance abuse includes a concise presentation of material on the causes and treatment of addiction and its relationship to HIV disease. While parts of the discussion are somewhat simplistic, the eight-page overview provides a pointed introduction to the topic.

The two chapters on caregiver stress are reason enough for practitioners to pick up this book. Judy Macks and Rick Bidgood, in separate chapters, present information about burnout, stress, and grief from their experience of consulting with organizations in the San Francisco Bay Area. They balance theory with specific experience with the epidemic. What is helpful is their ability to offer cogent suggestions aimed both at individual providers and AIDS service organizations.

Limitations

Not so satisfying is Lee E. Klosinski’s chapter on AIDS education. While the chapter documents the educational efforts to reach gay men and drug users, it offers little on the most pressing point: what are effective interventions? Likewise, Gary A. Lloyd’s chapter on the clinical issues for gay men presents the historical and political aspects. It fails, though, to define what in the crisis is unique to gay men, an analysis rarely performed because the experience of HIV disease permeates the gay community. Without some distance between the community and the epidemic it is difficult to compare the gay experience with that of other subpopulations.

The book is written primarily from the perspective of urban, coastal centers, in particular Los Angeles. Much of the substance of the book may be lost on providers working in isolation from the cities where the response to HIV disease has become an industry. In order for people in those areas to learn from our mistakes and tailor appropriate interventions, an effort needs to be made to address American culture between the coasts.

In the people of color chapter, Medrano and Klopner note that “AIDS moves along the fault lines of our society.” The book highlights the fact that those afflicted by HIV are often the disenfranchised. Its greatest success is in documenting the variety of populations that are affected by the epidemic and in describing how services need to be tailored. It is only with more attention to these differences that we can continue to sort out the difficult issues surrounding our work.

Clearinghouse: HIV-Related Books

We could not review every HIV-related book published recently. We include this listing to offer readers a survey of additional books of interest.


Support Groups
Marcia Quackenbush, MFCC


In this book, the Long Island Association for AIDS Care (LIAAC) has compiled suggestions and guidelines for conducting support groups for people with AIDS or symptomatic HIV disease, their families and loved ones, and those bereaved by the death of someone with AIDS. There is much sound and useful material here, however, because some conclusions seem questionable, the book requires a critical, rather than a passive, perusal by readers.

The book is based on LIAAC’s experience working with clients since 1986. While its target audience seems too broadly defined—“People whose lives have been touched by AIDS, health care educators and providers, and people with AIDS and their loved ones” includes just about everyone on the planet—the book is useful for anyone who has facilitated or designed HIV-related support groups, or has an intention to do so.

Group Structure, Goals, and Operations
The book reviews the structure, goals, and operation of groups for eight different populations—ranging from people who have recently tested antibody positive to family, friends, and caregivers to substance abusers with HIV disease. Each section is introduced with a testimonial by someone who has participated in and benefitted from the group being described. These personal essays give a feel for the issues confronted by the members of the group and successfully present the “human face” of the epidemic.

In addition, the book includes helpful information about enrollment expectations (“One of every three persons accepted for membership in the group actually shows up.”), screening and intake criteria, and rules and guidelines for the group.

The book includes a forthright discussion of the principles guiding HIV-related group services in one community, at one point in time.

One of the most useful features of the book is the list of common clinical issues likely to arise in each group. These lists would be excellent tools for supervision sessions, facilitator trainings, or program planning.

Problems with LIAAC Recommendations
The material here offers an opportunity for the thoughtful provider to evaluate the decisions and policies LIAAC shares so openly. LIAAC’s recommendations should not, however, be accepted indiscriminately. My own program has offered groups of a similar nature, and, in many instances, we have made a different set of decisions. LIAAC, for example, does not allow cross-talk within a group; the book states, “Individuals are not confronted about their own personal philosophies.” We have found, however, that a skillfully facilitated group can manage and even benefit from cross-talk, challenge, and disagreement—especially when such interactions help clients discover the ability to tolerate a range of beliefs within the group and the community at large.

LIAAC also insists on all groups being held in the evenings. The book states that this will encourage group members to continue working and to “inspire those who are not [working] to use their days in productive and positive ways.” This seems to be an unnecessarily rigid policy. We have seen clients who prefer day groups because they work night jobs, because they have child care or family conflicts with night groups, because their energy levels simply diminish by evening, or because they find the group meeting a “productive and positive” way to spend their time whenever it might occur.

These criticisms do not diminish the book’s value. In fact, the greatest strength of this volume is its forthright discussion of the principles guiding HIV-related group services in one community and at one point in time. Providers working, or planning to work, with groups in other places and settings will find much to agree with here, some material with which they disagree, and a thoughtful discussion that can help them evaluate and consider their own experiences and conceptions of HIV-related group work.

Authors
Marcia Quackenbush, MS, MFCC is Coordinator of Special Projects at the UCSF AIDS Health Project and helped to develop AHP’s group model in 1984.

If a Partner Has AIDS presents a compelling account of the experiences of gay men whose partners have AIDS. Dennis Shelby gleans his material from interviews with gay men and with health care and social service providers, as well as from his own psychotherapy case notes. The result is a cohesive description of the progression of thoughts, feelings, and behaviors over time, from the point at which a person begins to wonder whether his partner has HIV disease, through the period of the partner's death, the mourning process, and the person's subsequent efforts to move on with his life.

Partners with HIV Disease
Gay men with HIV-infected partners or with partners who have died of AIDS will find much comfort and validation for their feelings here. Professionals, including health, mental health, and other social service providers, will gain understanding that can significantly enhance their abilities to offer clients support, information, and direction.

Shelby's methodology for collecting and analyzing the data enables him to avoid the oversimplification sometimes encountered with stage theories. His stages are complex and multidimensional. What makes Shelby's descriptions of the various stages particularly vivid and easy to understand is his ample use of direct quotes from interviewees. These quotes poignantly illuminate the theory and give the reader tangible cues for placing him or herself, or others, within the spectrum of coping stages.

Also noteworthy is the author's examination of the effect of men's own HIV antibody status on their experience of having a partner with AIDS. Not surprisingly, but still important to have documented, Shelby finds striking and consistent differences between those who are and those who are not HIV-infected.

Shelby goes beyond offering a mere description of the stages of coping. He attempts to integrate broad-ranging clinical theories, including self psychology, cognitive and linguistic, and child development, to provide a theoretical backdrop for understanding the stages and for arriving at clinical interventions. His reconceptualization of “mourning” offers the reader a valuable perspective on the influence of current relationships, in addition to personal history, on the course of the mourning process.

Failure to Relate Theory and Practice
Despite the clear evidence that Shelby is a capable clinician, he falls short in describing the application of his integrated theory. He fails to articulate clearly the interconnections among theoretical concepts, and between theory and intervention, in a way that would make it easy for clinicians unfamiliar with the theories he cites to use them. Even those who are well-grounded in the theories are likely to have difficulty comprehending how such divergent theoretical constructs can be interrelated.

For example, a pivotal concept in his theory of mourning is the process of integrating the meaning of one's loss into a revised personal “narrative,” which, in turn, is integrated into the “self experience.” This concept rests upon notions about the mechanisms by which “integration” occurs, by which narratives are formed and reformed, and by which the “self experience” is formed and changed, and upon ideas about how these various processes interrelate. But, unfortunately, Shelby fails to clearly elaborate any of these. Perhaps the author intended simply to pique the interest of the reader in further exploring these concepts through additional reading.

Another shortcoming is the fact that all but three of the 32 men interviewed are White, and none had “dire financial circumstances.” As Shelby acknowledges, the generalizability of his findings to a more diverse population of gay men, or to others besides gay men who have partners with AIDS, is only speculative. Still, Shelby's work is an important step towards understanding how people live with the very difficult reality of having a partner with HIV disease.
In this text, the editors set out to make “essential information” about HIV disease and HIV-related psychosocial information accessible to “lay persons and professionals alike.” Toward this end, 10 chapters by six authors cover such topics as mental health services over the spectrum of HIV disease, social support for men and women, AIDS in the workplace, education and prevention at universities, and HIV-related central nervous system complications. While the editors succeed in providing basic information about each topic, they do not offer readers specific practical suggestions for putting the information to use.

In the chapter entitled “The Use of Humor in AIDS Prevention, in Treatment of HIV-Positive Persons, and in the Remediation of Caregiver Burnout,” Karen Peterson argues for the use of humor in prevention and treatment programs, but offers only a few suggestions of how to use humor and when to use it in a clinical setting. She does suggest for inpatient settings a television “humor channel” and a humor wagon; for individual patients, whatever the setting, she suggests a sentence completion technique designed to use a “dash of humor” to help them express anger.

In the social support chapter, Maureen Lynch discusses the importance of social support as a buffer to severe stress for HIV-infected patients, and their family members and caregivers. She suggests as opportunities for greater social support community resources such as support groups, volunteer programs, individual psychotherapy, religious groups with HIV-related programs, and AIDS activism groups. Each of these chapters offers a thorough overview of its topic and a rationale for the importance of the topic, while offering little discussion of possible interventions—an approach common to most of the book.

Beyond an Overview

Two chapters go beyond the overview format and offer specific and detailed information and intervention strategies. Lynne Rich presents a well-organized, reader-friendly discussion about HIV-related central nervous system (CNS) complications—from causation, to detection, to treatment. She also describes helpful cognitive/behavioral techniques for those living with or caring for people experiencing problems with attention, concentration, and memory. In another chapter, Karen Peterson presents a model for delivering AIDS education at colleges and universities. She then describes in detail how to put such a model into action, including specific suggestions tailored for college campuses and campus life.

An appendix with 18 model handouts and one chapter on hidden, at-risk populations are unique contributions in the field. The handouts, written by the editors, are bare-boned outlines for educational presentations focusing on heterosexual adults. The chapter on at-risk populations, written by Peterson, covers those who abuse alcohol in college, women with premenstrual syndrome—characterized by a 1990 reference as having an increased sex drive, increased desire for alcohol, and increased sensitivity to alcohol—sexual abuse survivors, and people with multiple personality disorders. In terms of interventions, Peterson suggests education and “appropriate psychological treatment” as strategies, but she leaves the reader to determine what might be “appropriate.”

The book is written to reach a wide audience with an overview of HIV-related topics. For those readers with little knowledge of the pandemic, the text delivers the broad overview that the editors intended and is worth reading. For those readers involved in one specific area of the pandemic, this text may broaden awareness of its far-reaching impact. But, for experienced professionals, most chapters provide few practical and specific guidelines on how to put to use the information presented, information about which they may already be aware.
Rethinking AIDS
Michael McGrath, MD


The central thesis for Robert Root-Bernstein’s *Rethinking AIDS* is that the scientific community has prematurely focused on HIV as the exclusive cause of AIDS. In this exceedingly well-documented book, Root-Bernstein reviews the myriad causes of immune deficiency that can and do affect individuals, whether or not they are infected with HIV, and suggests that they are as or more important than HIV infection in causing AIDS. But, unlike Peter Duesberg—the University of California, Berkeley scientist who believes AIDS has no relationship to HIV—Root-Bernstein acknowledges that it is likely HIV plays some role in the pathogenesis of AIDS.

In many ways this is a reference book, which, for the first time, documents virtually everything that can cause immunodeficiency or adversely affect the immune system. It is a well-written and well-organized compendium with an extensive index that assists in searching for specific items of interest.

**Misplaced Focus on HIV?**

Root-Bernstein describes the existence of immunodeficiency states in the pre-HIV era, and follows this with detailed descriptions of ways in which the immune system can be damaged. Of particular interest is his material on the incredible number of infectious agents and medications—beyond illicit drugs—that have profound effects on immune system function.

In the second half of the book, Root-Bernstein expends a great deal of effort explaining why he believes AIDS is not heterosexually transmitted. He states that HIV-related scientific studies in the United States have focused on gay men and drug users—groups he says have been exposed to multiple infections and drugs that cause immunosuppression. He equates these groups with heterosexuals in developing countries, who are exposed to similar factors that suppress immunity, including malnutrition, malaria, and other infectious diseases.

As a scientist working on HIV disease, I believe the data implicating HIV as playing a central role in the pathogenesis of AIDS. But to suggest, as Root-Bernstein does, that the scientific focus on HIV has impeded our understanding of the pathogenesis of AIDS is probably not true. The focus on HIV has not harmed AIDS prevention measures. Transmission of many of the infectious and immunosuppressive agents Root-Bernstein identifies would have been inhibited by existing HIV prevention measures.

In addition, the identification of HIV enabled the scientific community to focus on one pathogenetic agent and its impact on the immune system. Since, prior to the identification of HIV, there was no scientific focus regarding factors influencing immunodeficiency, one might argue that encouraging research into thousands of immunodeficiency-associated factors would have slowed advances in our understanding of AIDS. By investigating one bonafide infectious agent, we might hope to more rapidly and better understand immunologic function and therefore AIDS.

**An Encyclopedia of Information**

In summary, I don’t agree with Root-Bernstein’s premise that we need to completely rethink AIDS. We need instead to acknowledge, as Root-Bernstein points out, that the pathogenesis of AIDS is complex, with many factors besides HIV influencing disease progression. Overall, I found *Rethinking AIDS* at times interesting and at other times dry, somewhat akin to reading an encyclopedia or dictionary. It is, however, an incredibly well-documented reference for those interested in factors that influence the immune system.

**Authors**

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**Comments and Submissions**

We invite readers to send letters responding to articles published in *FOCUS* or dealing with current AIDS research and counseling issues. We also encourage readers to submit article proposals, including a summary of the idea and a detailed outline of the article. Send correspondence to:

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AIDS and Mental Health
Eric Schoenfeld, PhD


AIDS, Health, and Mental Health is a primary source book for health care practitioners or anyone providing support to people with HIV disease and their loved ones. Medical and policy ethicists may also find this book useful. Using case examples, the authors successfully breathe life into the large amount of dense information they present on HIV-related biology, the history of the epidemic, and the impact of HIV infection on individuals and communities.

This book is compelling in its use of a systemic model that looks at the impact of HIV disease in terms of society and the community as well as the individual. For individual care, this book provides excellent guidelines and applies the model well. It fails, however, to adequately explain how to apply the model to controversial public policy issues, for example, contact tracing.

The book is arranged in two main parts. In the first section, the authors address misinformation about AIDS, the complexity of HIV disease, and how to stay abreast with the changing knowledge of HIV disease.

The second part of the book addresses the clinical management of HIV disease. For example, the authors discuss the practical skills necessary for dealing with delirium or dementia. Because HIV disease affects all of us in some way even when kept secret, the authors promote a multi-generational family systems approach to bring “family”—chosen or biological—strengths and support into the psychotherapeutic process. They also provide therapeutic guidelines, beginning with the first session, suggesting responses to client resistance and providing examples of themes—such as unresolved grief and loss, issues of loyalty and secrets—to resolve in therapy. The authors end by looking at spiritual and existential issues, cultural diversity, and community-based prevention and intervention.

A Humanistic Approach

The systemic model proposed by the authors offers a humanistic and inclusive way to understand the impact of medical and policy decisions on clients and the entire community. It is this non-judgmental and supportive approach to the individual in his or her context that is the most important contribution of the book.

HIV and Alcohol
Robert A. Matano, PhD and Amy B. Bronstone, PhD


Risk and Recovery, directed at alcohol recovery providers, is a comprehensive guide for addressing HIV-related concerns in alcohol treatment settings. The authors provide a concise review of basic information on the spectrum of HIV disease from a cultural and historical perspective. Readers who are already knowledgeable in this area still will find useful information on topics such as legal and ethical issues and practical suggestions on a range of treatment considerations.

The authors’ goal is to demonstrate how to integrate HIV disease into alcohol recovery programs. Toward this end, the authors seem to capture the spirit of the Alcohohics Anonymous Twelve Steps and Traditions and provide an excellent example of how to use the self-help process.

An essential and new approach is the author’s perspective that HIV disease should be treated in a manner similar to that of alcoholism—as a life-threatening, progressive illness. Fifty years ago, alcoholics, like people with HIV disease, were considered to be “hopeless cases,” and recovery was not thought to be possible. This expectation of failure served only to damage alcoholics’ already precarious sense of purpose and hope.

The authors assert that treating alcoholic clients with HIV disease as if they have a death sentence is detrimental. There is now substantial evidence that a person’s mental and physical states influence each other. Encouraging HIV-infected clients to share their experiences, strength, and hope—at the same time working through loss—parallels the basic stance in treating alcoholism.

Helping Providers Talk about AIDS

Another strength of the book is the attention the authors give to encouraging alcohol recovery providers to talk about HIV-related issues with their clients and
Brief Reviews


This excellent book lights the way to constructive, humane, and enlivening counseling. The book adopts a systemic approach, an approach by which the counselor primarily addresses the belief systems that influence the patient's behavior in the context of his or her social setting.

Using clear language, the first six chapters cover the theory of systemic HIV counseling. The chapters that follow cover the clinical application of this approach through the stages of HIV disease. A thought-provoking chapter discusses clinical trials, and another provides a valuable overview of medical treatment.


This book presents an overview of the current literature on HIV and AIDS in mothers and babies together with an integrated counseling approach to such clients and their problems. It addresses HIV testing in pregnancy, deciding to maintain or terminate a pregnancy, coping with a termination, HIV disease in pregnancy, labor and delivery, HIV infection and children, and bereavement and death.

The book has two shortcomings. First, it fails to illustrate the impact of HIV-related counseling on mothers and babies. Second, it comprises an uncomfortable combination of language: the language of research—"maybe," "perhaps," and "possibly"—versus the language of counseling—"must," "should," and "ought." Overall, however, the book represents an innovative attempt to integrate the work of front-line workers and researchers.

Next Month

Therapy on the edge of life and death may benefit from unorthodox approaches. In the January issue of FOCUS, Allan Chinen, MD, an Assistant Professor of Psychiatry at the University of California San Francisco and the author of Beyond the Hero, discusses how therapists can use stories in therapy. In particular, he focuses on the image of the trickster, an archetype common in fairy tales, and contrasts it to the image of the hero in terms of HIV-related therapy. Unlike the hero—which emphasizes conquest—the trickster evokes mediation and healing.

Also in the January issue, Robert Bosnak, a Jungian therapist from Cambridge, Massachusetts, discusses the use of dream therapy in dealing with HIV-related issues.
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