Beyond the Hero-Healer
Allan B. Chinen, MD

The ancient image of the Hero appears in countless myths and folktales, and his example motivates many therapists today. For healers working with AIDS, the heroic ideal often takes the form of an unconscious fantasy about rescuing other people, conquering illness, or defeating death. Against an adversary like HIV, however, which cannot yet be conquered, heroic efforts often lead to therapist burnout. Is there an alternative to the ideal of the hero? Myths and folktales can provide a surprising answer—the Trickster.

The Trickster is usually considered a juvenile delinquent or a sociopath, but this is wrong. Contemporary research in folklore reveals that the Trickster is a powerful, positive, generative figure, who typically brings to humanity language, fire, and healing. In fact, the Trickster embodies an alternative to the Hero for people with HIV disease, and perhaps, most poignantly, for their healers. In particular, the Trickster shows how therapists can avoid heroic burnout. A fairy tale from the Grimms—“Brother Lustig”—highlights the Trickster’s wisdom and offers five insights for therapists.

“Brother Lustig”

Once upon a time, a man named Lustig served in the King’s army. After 25 years of loyal service, the King dismissed Lustig with only a loaf of bread and four coins. Lustig decided to wander the road, and as he traveled, he met three beggars one after the other. Lustig gave each poor man a slice of bread and a coin, not knowing that the beggars were really St. Peter in different disguises.

St. Peter reappeared as a soldier and started traveling with Lustig. They came to a kingdom where the daughter of the King had just died. St. Peter went to the King and offered to resurrect the Princess. Assisted by Lustig, the apostle cut up the Princess’ body, boiled the pieces in a pot until only bones were left, laid the skeleton on the bed, and commanded the Princess to arise. She reappeared, healed and whole. The overjoyed King and Queen offered a great reward, but St. Peter refused anything. So Lustig hinted for something, and the King filled his knapsack with gold. The two men parted ways, and Lustig continued his travels on his own.

Lustig soon spent all his money. He came to another kingdom where the daughter of the King had just died, so, thinking he could win a great reward, he tried to raise her from the dead. Unfortunately, Lustig could not revive the Princess. St. Peter, still disguised as a soldier, passed by and saw Lustig in his plight. The apostle, after making Lustig promise not to take any reward, resurrected the Princess. To prevent Lustig from being tempted to raise the dead again, St. Peter gave him a magic knapsack. Whatever Lustig wished to go into the pack, the apostle explained, would do so.

Lustig resumed his journey and came to a haunted castle. Unafraid of ghosts, he decided to stay the night. At midnight, he was attacked by many demons. He fought back, but was soon in desperate straits. Then he remembered the magic knapsack. “Into my pack with you demons!” he cried out. Instantly, the demons were trapped in the pack, and Lustig slept peacefully through the night. In the morning, he asked a smith to pound his pack, killing all the demons except one tiny imp, who escaped back to Hell barely alive.

After many years, Lustig met a holy
Perhaps all psychotherapy involves interpreting metaphor. The unmentionable, the awesome, the overwhelming in our lives is most often conceived in metaphorical terms, allowing the conscious to distance itself from what it is too disturbing to approach. AIDS, stigma, disability, dying, and death, itself, certainly meet this definition, and the epidemic’s challenges lend themselves to metaphor to help integrate and master them.

Jung, the Swiss psychologist, was the master of the use of archetypal symbols: metaphors for the fundamental, universal, but ultimately unknowable "ordering principles of the collective psyche" (see the first "Recent Report" in this issue). Jung saw these devices as the bridge between the unconscious and the conscious, between unknowing and awareness.

Therapy and Archetypes

In this issue of *FOCUS*, we present two applications of the archetype to HIV-related therapy. Using folkloric stories to identify basic archetypal symbols, Allan C. Chinen debunks the myth of the Hero as it relates to the healer. He presents, instead, an equally venerable archetype, the Trickster, and offers therapists an analysis that suggests alternatives to burnout. Robert Bosnak approaches the archetype from the perspective of client-centered counseling, explaining how therapists can use dreams to help clients define and work through emotional responses and their physical manifestations.

Chinen and Bosnak both offer ways to hook into the universal truth represented by archetypes, but they approach it from opposite directions. Chinen uses the story, the folktale, told to us by our parents and teachers: a received truth that crosses culture and time. Bosnak searches for the reflection of these truths inside our dreams, where we are the storytellers, where the truth is ultimately personalized. Each opens the door to a cognitive exploration that urges truth toward transformation.

Defining Universal Metaphors

Practitioners might find such alternative therapeutic approaches useful as tools to help them handle the response to an epidemic that is becoming more, not less, complicated. It is especially crucial—at a time when cultural differences threaten to impair understanding among practitioners and between therapists and clients—to defining universal truths and common cultural metaphors.

hermit who told him he could take one of two paths: a long, difficult trail that went to Heaven, or an easy, pleasant road ending in Hell. Lustig took the easy route and soon arrived at Hell. When the gatekeeper saw Lustig, the devil locked the door. He was the imp who had escaped the beating in Lustig’s knapsack! He told all the demons in Hell not to let Lustig in, lest the old soldier wish everyone into his pack. So Lustig labored up the narrow path and reached Heaven. Lustig recognized his old comrade, but St. Peter refused to admit him to Heaven.

Lustig shoved his magic pack through the gate. “If you won’t have me, I don’t want anything from you, so take your knapsack back.” When St. Peter put the bag next to him, Lustig cried out, “Into the pack with me!” Lustig climbed out of the knapsack, and St. Peter did not have the heart to throw him out of Heaven.

Healers as Comrades

The tale begins with the collapse of the heroic ideal: a soldier, an archetypal heroic figure, is dismissed with almost nothing to show for his 25 years of loyal service. Lustig dramatizes the plight of therapists working with AIDS: after long, heroic struggles with the epidemic, we often feel we are left with nothing but despair, cynicism, and exhaustion. The King’s betrayal of Lustig highlights another response of healers—feeling abandoned by society, given few emotional and financial resources for work with HIV-infected clients.

Unlike the Hero, who would rebel against and defy an unjust king, Lustig is not angry at his plight. He remains active, involved, and open to new events. This is a major task for therapists: leaving the hero’s anger and despair behind, and embracing a flexible exploratory attitude, more typical of the Trickster. Indeed, when therapists, like Lustig, remain open, astonishing developments occur.

As Lustig travels, St. Peter appears in various disguises and plays tricks on him. The apostle functions as the Trickster. Yet St. Peter also helps the soldier, later giving him the magic knapsack. St. Peter is, in fact, a helpful companion, acting as mentor and teacher to Lustig. Yet the two men also treat each other as comrades, and the very title of the story, “Brother Lustig,” emphasizes their fraternity. The story...
contains a vital insight here: healers, no less than Lustig, need comrades, mentors, and teachers.

For therapists, this may mean joining a support group, finding a spiritual advisor, seeing a therapist, or seeking supervision. But the helpful “brother” can be an inner figure, too, who may appear in dreams and visions. For example, C. G. Jung, during his mid-life crisis, turned to “Philemon,” a Trickster figure who first appeared in Jung’s dreams. The chief obstacle in finding a helpful comrade, inner or outer, is reluctance to ask for help. Heroes, after all are supposed to be solitary, like John Wayne. In seeking help, however, therapists break free of the hero’s spell, and move on to the next stage of the journey, which involves the power to heal.

St. Peter resurrects the two Princesses, he demonstrates the most dramatic form of healing. The story reveals that the Trickster is a healer, and in the mythology of most cultures, the Trickster brings vital medicines and healing rites to humanity. The Trickster is closely related to the oldest known healing figure—the Shaman—and St. Peter’s ritual directly reflects ancient shamanic tradition across the world. Shamans are typically initiated by a vision of being dismembered, reduced to a skeleton and then resurrected, and shamans use this imagery in their healing rituals. Lustig’s tale thus emphasizes an unexpected aspect of the Trickster: he is a shaman. Indeed, as Jung and Joseph Campbell suggest, the Shaman and Trickster constitute a single archetype. As “Brother Lustig” demonstrates, the image of the Shaman-Trickster offers therapists vital advice.

**The Trickster’s ultimate purpose is not to defeat death, but to bring light and meaning into suffering.**

The Therapist as Shaman-Trickster

First, the Shaman-Trickster emphasizes that therapists must accept the dark underworld, which is so evident in AIDS work. Where the hero tries to conquer evil and suffering, slaying the dragon or the witch, shamans descend into the underworld, where they suffer greatly at the hands of evil spirits. Only then do shamans gain the power to heal. Psychologically speaking, as therapists, we must descend with our clients into the underworld of pain, helplessness, fear, despair, and rage. From this experience of death and rebirth comes unexpected new life. Most therapists have witnessed such transformations in some HIV-infected clients: individuals who have struggled through despair and rage arrive at an inner serenity, often resolving life-long conflicts and doubts. Because the descent is difficult, it is another reason therapists need an inner or outer companion. We, ourselves, need help as we enter the underworld with our clients.

Second, the Shaman-Trickster stresses that the power of healing does not come from the ego. When Lustig tries to resurrect a dead princess on his own, he fails. The power of life comes from St. Peter, the divine Trickster, not Lustig, the mortal. The capacity to heal ultimately comes from a transcendent source. Indeed, in mythology, the Trickster is sent specifically by the Supreme Deity to clear the world of demons and disease, making it safe for humanity. Whether conceived of as God, the life force, a great mystery, or a Higher Power, the power of healing comes from beyond the healer’s ego. Relying only on the ego, in fact, quickly leads to burnout.

For therapists, transcending the ego means suspending tidy preconceptions about healing, because healing may take unexpected forms with our clients. Therapists also need a spiritual practice, whether meditation, prayer, or communal worship, because responding to the challenges of AIDS is ultimately a spiritual problem, involving painful questions about the meaning of life, suffering, and death.

Third, the story tells us that therapists must acknowledge their own needs. St. Peter declines any reward for curing the farmer or resurrecting the princesses, while Lustig asks for something. The story nicely summarizes a conflict most therapists feel: the idealistic urge to help, on the one hand, as symbolized by the sainted apostle, versus the need for personal reward, on the other, as personified by the practical soldier. As a spirit, St. Peter does not need to eat, while Lustig—and therapists—do.

Transcendent spirituality is important

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**References**


The Shaman-Trickster offers an alternative to the heroic cycle of valiant struggle and burnout.

for healers, but so is taking care of our own human needs. Excessive altruism leads to burnout and often reflects a hidden arrogance—the hero's secret belief that he has infinite resources, that he can do anything he wills or wants.

Fourth, the Shaman-Trickster brings an irreverent humor that is useful in therapy. Lustig's story continually makes fun of Christian doctrines, like presenting St. Peter as a Trickster rather than a holy patriarch. Satire is a vital function of the Trickster. In Native American tradition, Tricksters take the form of holy clowns who carry out outrageous antics during solemn tribal rituals. The Trickster's irreverent humor has two vital lessons for therapists. Dark wit helps us cope with tragedy. As Freud pointed out, gallows humor is actually one of the most mature forms of defense. Such black humor is essential for preventing emotional exhaustion from AIDS work, and can be healing for clients too. The Trickster's satire, in fact, breaks down social conventions, and helps HIV-infected clients break free from traditional roles and beliefs so they can discover their own, unique, authentic selves.

Finally, the Shaman-Trickster teaches that the role of therapy is to integrate darkness and light. In the final episode, Lustig travels to Hell and Heaven, to the underworld and the upper world. His journey represents what is perhaps the central task for therapists working with AIDS: to come to terms with the suffering, despair, and rage—Hell—and yet not to lose sight of spiritual development and transcendent insights—Heaven. Most therapists have witnessed such profound personal transformations in HIV-infected clients—the breakthrough, in the midst of suffering, of radical peace and moments of wholeness. These epiphanies remind us of the Trickster's ultimate purpose—not to defeat death, but to bring light and meaning into suffering.

Traveling to Hell and Heaven is also a central function of shams. The story shows how Lustig has become a master Shaman-Trickster, having learned from St. Peter, his spiritual mentor. Lustig has matured from a youthful Soldier-Hero to a wizened Shaman-Trickster, and his development demonstrates the healer's inner journey.

Conclusion

This is a brief discussion of an abbreviated tale. The story has many more symbolic meanings, but its principal message is clear for therapists: when the ideal of the heroic healer collapses, destroyed by the tragedy of AIDS, the Shaman-Trickster offers an alternative to the heroic cycle of valiant struggle, exhaustion, and burnout.

The image of the Trickster can be supportive for people with HIV disease as well. The tools of the Trickster—healing instead of heroism, humor rather than hierarchy, communication over conquest, and exploration in lieu of exploitation—are a prescription for living with HIV disease as well as maintaining ourselves while ministering to clients.

One final gift from the Shaman-Trickster is crucial: he is a storyteller, and through tales like "Brother Lustig," he gives us insight and encouragement. We can, in turn, use these stories with clients. As a Hasidic proverb says, "Tell someone a fact and you reach their mind. Tell them a story and you touch their soul." Through such soul-stories, outrageous and touching, spiritual and practical, the Shaman-Trickster brings the promise of healing to the mortal world.

Clearinghouse: Stories and Dreams

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A man with AIDS presents a dream in a dream group:

I'm in a familiar room with other people I don't feel connected to. I see my father who rejected me when he heard I had AIDS. Now he tries to make it up to me. I don't want to have anything to do with him and push him away. Then I see a corridor behind the house where many people go in and out of rooms. There I see my deceased grandmother. She does not know I have AIDS or that I'm gay. She embraces me.

Group dreamwork is based on C. G. Jung's notion of the reality of the psyche. Whereas Freud posits that psyche is ultimately derived from external events and dream images should, therefore, be reduced to their external causes, Jung believes that psyche is a realm unto itself, related to external reality but not reducible to it. So real is the dream-world that most individuals, anywhere on the planet, are most of the time convinced that they are awake while they are dreaming. It is only waking consciousness in its daytime arrogance that declares the dream-world less real.

Our dreamwork makes use of the reality of the psyche by leading the dreamer back to the direct experience of dreaming. We do so by lowering the threshold of consciousness until it hovers above dreaming, staying just abreast of falling asleep. If we fall asleep, the work stops. If we move too far into wakefulness, the sense of the reality of the dream-world diminishes. The dream group assists the dreamer in the effort to stay in this in-between consciousness. In this way, there emerge emotional realities previously hidden from awareness.

Dreamwork is particularly helpful for people infected with HIV because it releases the energy it takes to repress the host of unconscious emotions HIV infection provokes, energy that HIV-infected people cannot spare. Working with HIV-infected people in groups also breaks through the isolation of serious illness. To experience others in the dramatic struggle with an often harsh inner world gives members of the group a profound sense of belonging.

Dreamwork can be practiced by any skilled psychotherapist. The most important attitude is the realization that a dream is an unconscious product and, therefore, in principle, unknowable. Stay with the uncomfortable confusion of the unknown, a state full of profound emotions. In addition, Jung believed that paradox is one of the most fundamental and healing experiences a human being can go through. Look for the most contrasting emotions in dreams, and try to feel them as close together as possible.

The Dreamwork Process

The group leads the dreamer of the "grandmother" dream back to the experience of being in the room with his father by helping him conduct a thorough investigation of the room. "What kind of light is in the room? Objects? Where is the coffee table? What is on the coffee table? Is it a large book? Are the pictures in the book color or black and white? Where is father in relation to the coffee table? What is on the coffee table? Is it a large book? Are the pictures in the book color or black and white? Where is father in relation to the coffee table? What is father's posture?" As the dreamer remembers more and more detail, he finds himself back inside the space where, only a few hours ago, he actually met this likeness of his father, this father of his dream.
This detailed recollection evokes the atmosphere of the dream, and the dreamer sobbs profoundly upon recalling his father’s rejection. He feels the rage against his father and the father-world that rejects his sexuality. When the atmosphere recreated by the dreamwork truly feels as if it accurately resembles the atmosphere of the dream, we begin to observe the father closely. We observe how he stands and moves, and what emotions he conveys. Suddenly we find ourselves identified with the father, and we can feel the remorse in the father’s heart. Although he can’t forgive his father, the dreamer feels less alienated from him.

The corridor behind the house is stark and hollow, like a hospital, where people wander in and out of rooms. When the dreamer returns to the detailed recollection, finding himself once again in the corridor, he remembers that it feels as if it is the afterlife, the corridor separating death and life. He can feel how AIDS has permanently located him here. The starkness of this realization makes the 14 group members shudder. Many of us weep. The alienation the dreamer is feeling breaks, and he finds himself in his grandmother’s arms, feeling her total acceptance.

The dream group then returns to the previous feeling of rejection and helps the dreamer move back and forth between the polar opposites of rejection and acceptance. After a while the dreamer is able to experience these feelings simultaneously, thus moving to the heart of the paradox. The contrast between this acceptance and the earlier feeling of utter rejection stretches the dreamer’s soul to the utmost, making it tense like a violin string. Suddenly he can feel the release of catharsis, and experiences it as quiet and sad. The group feels the catharsis with him, like an audience of a classical tragedy witnessing the torment of the protagonist. For a moment we are all heartbreakingly close.

By leading the dreamer to the core of the paradoxical emotions inherent in the AIDS experience, the dreamwork releases a profound new vitality. Michael Dupre, in an advanced stage of AIDS, refers to this physical release in an article in which he describes dreamwork: “I will share with the reader that as part of the aftermath of this dream, I enjoyed three weeks of normal bowel movements. It’s funny to hear that, but the experience was wonderful.”

The Value of Dreamwork

Dreamwork can provide a counterforce to the sense of rejection—a volatile mixture of shame and self-loathing—that many people with HIV disease suffer. This self-loathing cannot be approached in a rational way: the societal encouragement to accept oneself evaporates in the face of the poisonous feelings of alienation. Often, these feelings, as well as the animal fear of death, are repressed with a kind of pseudo-spirituality that enables a person to leave behind the suffering body and experience a kind of disembodied transcendence. The result of repressing unwanted emotion into the body is a feeling of well-being leading to an increase of physical symptoms.

Dreamwork helps to avoid this false sense of well-being, because it offers a path between repression and pseudo-transcendence. Through dreamwork a person with HIV disease can experience the fear of death and alienation, and the bliss of love and acceptance simultaneously. This insight into life’s paradox has a healing result.

Group dreamwork is body-centered, and the dreamer explores each emerging physical sensation. When these sensations are focused on, they can “melt” into deeply felt emotion. This relieves the body and, at the same time, provides a visceral experience of emotion. In this way, emotions become undeniable, leaving the dreamer no option but to acknowledge them.

Conclusion

Dreamwork can deal with death and dying like few other forms of therapy. The “grandmother” dreamer was able to experience what it is like to be in the corridor between two worlds. He did not experience this as concept, this in-between, but as an actual location. Dreamwork may orient people in their illness and give back to them a sense of direction and feeling of identity. Therapists working with people with HIV disease should consider harnessing this powerful technique.

References


Authors

Robert Bosnak, JD, IAAP is a Jungian analyst in Cambridge, Massachusetts. He is the author of Dreaming with an AIDS Patient (Shambhala Publishers, 1989) and A Little Course in Dreams (Shambhala Publishers, 1988).

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Editor, FOCUS
UCSF AIDS Health Project, Box 0884
San Francisco, CA 94143-0884
Archetypal Symbols, Death, and Dying

Using dream imagery can help clinicians treating terminally-ill patients by offering insights into the unconscious processes intrinsic to life-threatening illness, according to an overview of Jungian dream archetypes and a dream history of one patient. Such therapy also assists patients by providing some relief from the uncertainty and isolation engendered during the dying process.

As part of a larger study, researchers concentrated on the dreams of one cancer patient—a 70-year-old man who was terminally ill with prostate cancer—whose dream material reflected the material recorded by other study participants. Over six months, the patient recorded seven dreams, each of which consistently revealed allusions to death and post-mortal existence. Researchers interpreted the dreams as a series, that is, conclusions regarding any one dream were supported or refuted by related dream material, and refuted material was excluded in the final analysis. In order to prevent influencing subsequent dreams, researchers did not relate the dream interpretation to the dreamer. According to Jung, archetypal dreams anticipate and orchestrate psychical transformation that occurs during critical developmental stages including dying. Archetypes are the universal and fundamental ordering principles of the collective psyche. Archetypal symbols derive from archetypes, pertain to the problems and mysteries of everyday life, and mediate between the conscious and the unconscious. Archetypal dreams—as opposed to personal dreams—allude to archetypal symbols, and typically display irrational plot development, intense emotion, and remoteness from everyday events.

Archetypal images manifest in dreams when people face particularly powerful events such as terminal illness or death. Archetypes facilitate psychological transformation, because they call to the conscious attention of the dreamer otherwise unconscious emotions. Archetypal symbols—because of their mediation of the unconscious—can transform the dying process into a more positive event, a time of enhanced creativity in living, if the dreamer is able to relate to and consciously integrate these symbols.

The cancer patient’s seven dreams presented a range of symbols. Analysis most readily identified the image of post-mortal existence, that is, the idea of the beginning of new life or the continuation of psychical life after death. In one dream, the patient reported having seen a bright flower and thinking that he had always wanted such a flower in his garden. According to Jung, flowers are archetypes—from Persian mysticism and Egyptian folklore—that symbolize post-mortal existence and the resurrection of the body.

In another dream, the patient saw himself as having two bodies fitting together like two parts, one body slowly floating away from the other. This symbol—from alchemist Paracelsus, and Bolivian, Eastern, and Egyptian folklore—expresses the conviction of life after death. Other images included items with a violin- or cello-like shape, a reference to the mother and daughter Roman goddesses Demeter and Persephone and the allegory of death, immortality, and rebirth.

For the patient, dream analysis was useful. When he was first diagnosed and told he had six months to live, the patient continually denied the diagnosis. His dreams, however, laced with death imagery, helped the patient to confront physical reality. Symbolically, the patient’s dreams represented periods of confrontation, realization, acceptance, and enlightenment. Indeed, when the patient did face death, he showed no signs of anger, regret, fear, or denial.

Art Therapy and HIV Disease
Edwards GM. Art therapy with HIV-positive patients: Hardiness, creativity and meaning. The Arts in Psychotherapy. 1993; 20: 325-333. (Walter Reed Army Medical Center, Washington, DC.)

Art therapy helps facilitate mourning and enables therapists to define client issues, according to a commentary on this technique. An analysis of the artwork of more than 600 HIV-infected patients suggests distinct themes and visual characteristics that can be helpful in identifying emotional states.

Recent Reports
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Drawings done by patients shortly after they learned they were HIV infected were characterized by disorganization, fragmentation, and dark, empty areas, revealing shock and helplessness. Opposing shapes, sharp edges, and diagonals expressed anxiety and rage, and abstract geometric designs seemed to bind anxiety or contain intense emotion. Dead trees, empty landscapes, and coffin-like shapes expressed depression and mourning. Divisions of space and content reflected isolation, stigmatization, and guilt. Faces, eyes, and boundaries represented paranoid fears, while tears, drooping flowers, and shrunk-en images represented sadness.

Artwork seemed to facilitate not only mourning, but also, once past this stage, restitution to a more positive outlook. At that time, images such as the sun, rainbows, home, church, and material comforts began to appear. A flower, for example, expressed caring, nurturing, and the continuity of life. Artwork also served to restore patients by facilitating a “high” when they had produced outstanding, creative, or respected pieces of art.

Artwork also enabled patients to strengthen problem solving skills and creativity, and to create challenges, commitments, and goals. Thus, in addition to helping discover, analyze, and work through emotions, producing art helped patients to identify sources of meaning, and strengthen characteristics that correlate positively with long-term survival.

**Story Telling and HIV Prevention**


An overview of a Detroit HIV prevention program suggests that stories can help Hispanic families explore HIV-related knowledge, attitudes, and beliefs, and enable parents to talk to their children about AIDS. The program has three objectives. First, it seeks to allow participants to share with the group their HIV-related behaviors, and knowledge, attitudes, and beliefs. Second, it seeks to enable participants to identify effective prevention strategies at the individual, family, and community levels, and the main issues involving implementation. Third, it seeks to encourage participants to model for each other HIV-related family communication techniques.

The program is based on the concept that discussion will help participants clari-
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