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CLINICAL SERVICES TO PERSONS WITH AIDS:
THE PARALLEL NATURE OF THE CLIENT
AND WORKER PROCESSES

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ABSTRACT: Social workers working in the area of AIDS confront individuals struggling with a plethora of issues and problems related to an AIDS diagnosis.

Especially important to this work is the interplay of themes between the worker and client; a parallel process emerges that provides both insight and potential dilemmas for the social worker. While the worker may attempt to maintain a posture of disciplined subjectivity, she is confronting in the professional relationship a situation that intimately touches the core of her own identity.

Through a case presentation from practice in an AIDS clinic, this paper will examine the parallel nature of the client and worker processes. Key issues will be identified and potential responses will be considered.

Charles is a 42 year old, bisexual male diagnosed with AIDS (pneumocystis carinii pneumonia). He has been married for 15 years and has two children. He has been in and out of the hospital twice and is struggling with whether or not to tell his children and friends of his diagnosis. He is depressed, uncomfortable with the deception his wife has insisted upon, and afraid of how his children and friends will react when they eventually learn of his diagnosis. Will he be rejected?

Raymond is a 45 year old, gay male diagnosed with symptomatic HIV infection. He has been treated for long bouts of herpes zoster and while his doctor has prescribed AZT, Raymond will not pursue this because of its expense. He does not qualify for Medicaid because he is over-income and over-asseted, and he does not want to “spend-down” in

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order to qualify for Medicaid. He says that he is unwilling to cash in his IRA’s because he is saving them for his retirement. How can he give up his independence and control over his own life?

Rosa is a 22 year old, female IV drug user (cocaine and heroin) who has been diagnosed with AIDS (non-Hodgkins lymphoma). Although she contracted to seek treatment for her drug problem, she has never completed the first step of a drug and alcohol assessment. She has been in and out of the hospital several times, is on public assistance, and lives in extremely poor housing with her two cousins who are also heroin addicts. Rosa was sexually molested by her father throughout her childhood, her mother died recently of heart disease, and her brother has been arrested for armed robbery. Who will take care of her?

Eric is a 33 year old, gay male who has been diagnosed with AIDS-related dementia. At the time of his last hospitalization it was apparent that he was less ambulatory and more disoriented and unable to live at home without supervision. While several nursing homes were suggested, Eric’s lover wanted to arrange for some type of home care. However, the contracted home care agency would not accept insurance payments and neither Eric nor his lover had enough money to pay for the initial few weeks of home care before the reimbursement money could be paid to them directly by the insurance company. They both felt overwhelmed and helpless.

Everyday across America social workers working in the area of AIDS confront individuals struggling with issues and problems like those presented above. The enormity of the AIDS epidemic is well substantiated by now. The numbers are staggering and have resulted in a panic epidemic that is almost as catastrophic as the AIDS epidemic itself. The challenges to social workers are numerous: to develop a compassionate and comprehensive response to the range of medical, psychological, social, legal, and economic needs of those who have already been or will be diagnosed with AIDS, to address the concerns and needs of families, friends, and significant others, and, though less discussed, to help professionals themselves to deal with their own emotional response to work in the area of AIDS. What is particularly apparent in clinical work with people with AIDS is the parallel nature of the client and worker processes as they relate to core issues of control and loss of control, rejection and abandonment, and guilt and anger. These issues have a significant effect on both client and worker and combine to contribute to overwhelming feelings of helplessness for both. An examination of the parallel nature of the client and worker processes will represent the primary focus of this paper.

AIDS brings into sharp focus the relationship between an illness and its psychological and social ramifications. Few illnesses have engendered throughout society the kind of fear and resulting stigma that