A TIME-LIMITED GROUP FOR PATIENTS WITH HIV INFECTION AND THEIR PARTNERS

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This paper presents the authors' experience coleading a time-limited group treatment for HIV-positive patients and their partners. Because of the impact of this disease not only on the infected person, but also on his or her partner, a couples group format was used. This 12-week group consisted of four couples, heterosexual and homosexual, of diverse ethnic and socioeconomic backgrounds. While the group focused primarily on couples' issues, individual concerns, conflicts, and experiences relating to the HIV diagnosis were also explored. Clinical vignettes demonstrate the process and benefits of this group experience.

The propelling belief that, as mental health professionals, we will be able to help our patients improve their lives is likely to be badly shaken when working with patients who are infected with the human immunodeficiency virus (HIV) or have developed full-blown AIDS. The acronyms HIV and AIDS induce shock, fear, even terror because they represent prolonged illness, physical and emotional agony, and, ultimately, death.

This article presents a group for couples in which one or both are diagnosed HIV-positive. While articles have been written about individual and supportive group treatment, little has been said about the advantages of couples' groups for this population. Some of the specific advantages noted in the literature about couples' groups in general carry over to this particular group: "The couples' group . . . helps each spouse become more in touch with feelings, more courageous in revealing them to his spouse and more skillful in resolving conflicts. . . . The cross couple relationships are useful in breaking the impasses of the [couple relationship] and revealing and consolidating areas of health which have been driven underground by malevolent processes within [the couple relationship]" (Milman & Goldman, 1974, p. 152).

The group presented in this article consisted of four couples, in which one or both members were diagnosed HIV-positive. It ran for a period of 12 weeks,

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1½ hours each session. Group process and the impact on individual members, the couples, and the group-as-a-whole will be examined. In addition, the authors’ experiences and responses to the group are discussed.

LITERATURE REVIEW

A review of the literature reveals limited information about issues confronting couples when one or both partners are infected with HIV (Shelby, 1992). Most authors focus on patients who have already developed AIDS and are close to death. Walker (1990) and Winiarski (1991) discuss the struggle involved in revealing the positive diagnosis to family members, friends, employers, insurance companies, and social institutions. The need for secrecy is, in part, a response to the public belief that the disease attacks only intravenous drug abusers and homosexual men. This misconception permits the public to maintain the belief that AIDS is the infected persons’ own fault and thus to condemn them. Viewing AIDS as a deserved punishment, the public can maintain a false sense of personal security and detachment.

Beneath these defenses lies the terror of this disease and dread of infection. Field and Shore (1992) present an example of people’s fear of infection and leperlike banishment. When they attempted to initiate a project that involved videotaping a group of AIDS patients, members of the audiovisual crew refused to work on site, emphatically expressing their fear of being in the same room with infected patients.

The literature clearly reflects the problems patients confront in dealing with medical treatment of the disease. New, contradictory and confusing information is released almost daily, and patients must struggle with conflicting advice and, at times, even misinformation.

The single most common theme in the literature relates to loss. An HIV-positive diagnosis not only robs infected persons of their hopes and dreams for the future, but also those of their partners and family members. All involved must adjust their goals and plans. As Winiarski (1991) notes, patients who are HIV positive must live with the Sword of Damocles over their heads. They can be healthy one day and bedridden the next. Because those infected tend to view the slightest bodily change or shift in behavior as related to the disease, even a minor lapse of memory, such as forgetting one’s eyeglasses, can be seen as a sure sign of AIDS-related dementia.

THE GROUP

Since HIV and AIDS involve themes of isolation, guilt and shame, loss on many levels, denial and the desperate need for a supportive structure in this population, the group format was selected. From our experience in treating couples dealing with the HIV infection, it had also become clear that these issues greatly affected the relationship. A couples group format was therefore decided upon in order to enhance communication within a setting in which problems and conflicts associated with a positive diagnosis could be openly discussed. A group comprised of couples would facilitate the exploration of issues that might be avoided during therapy with only one couple or in a group attended by only one of the partners.

The group* consisted of four couples: three married heterosexual couples and one homosexual male couple. One coleader was a senior staff social worker,

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*This group was initiated through an agreement between Body Positive, a nonprofit organization based in New York City servicing HIV-affected people, and Gouverneur Hospital, a commu-